

**Title Page: Committee for the Protection of Human Subjects
Proposal Information**

Name of Project: _____

Submission Date: _____ **Sponsoring Department:** _____

Anticipated completion date or project due date: _____

Researcher Information (print):

Name: _____

Address: _____

Phone: _____ **email:** _____

Researcher's Signature: _____

Date: _____

For student projects (print)

Project Advisor's Name: _____ **email:** _____

(Print)

Project Advisor's

Signature: _____ **Date:** _____