



## Non-human Subjects Review Criteria

### Faculty Member

Name (print or type):

Signature

Department:

Campus Mailing Address:

Phone Number(s):

E-mail:

Date:

### Student

Name (print or type):

Signature

Department:

Campus Mailing Address:

Phone Number(s):

E-mail:

Date:

Faculty researchers must **initial** every relevant category on this Review Criteria form to certify that s/he has conformed

**Project Title:**

**Please write a project 1) Abstract/Summary and 2) Experimental protocol below. Include sufficient detail to allow an evaluation of the methods to be used.**