NEUMANN UNIVERSITY
Aston, Pennsylvania

IRB Review Response Form

Proposal ID No. : ______________________ Date: __________________

Date submitted: _______________ □ Expedited Review; □ Full Review

1. Title of Research Project: ____________________________________________

2. Principal Investigator:

   Name __________________________ Address __________________________
   __________________________    __________________________

3. Response to: □ Original submission; □ Re-submission

4. IRB Review Response:

   □ Exempt
   □ Approved
   □ Approved—periodic review required
   □ Provisional approval: □ review by other institution(s) required; □ see Review Summary
   □ Re-submission required for approval
   □ Disapproved

5. Certification:

   IRB Chair __________________________ Date __________ IRB Member __________________________ Date __________

   President __________________________ Date __________

   (President’s signature appears on approved proposals only.)