

**AMERICAN UNIVERSITY OF BEIRUT
INSTITUTIONAL REVIEW BOARD
RESEARCH PROPOSAL FORM**

*Please complete this form for any submission to the IRB for review from any Faculty at the American University of Beirut, except the Faculty of Medicine.
If you think the proposal qualifies for exemption from IRB review, please submit the "Application Form for Proposals Exempt from IRB Review" instead.*

TITLE OF PROPOSAL: _____

	Name	Signature
PRINCIPAL INVESTIGATOR:	_____	_____

FACULTY: _____

DEPARTMENT: _____

DATE OF SUBMISSION: _____

New Proposal

Renewal

FUNDING SOURCE: _____

PROPOSED ANNUAL BUDGET: _____

STARTING DATE OF STUDY: _____

DATE OF STUDY COMPLETION: _____

COLLABORATORS:

<u>NAME</u>	<u>SIGNATURE</u>	<u>AFFILIATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPROVALS:	Signature	Date
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DEPARTMENT CHAIRPERSON:	_____	_____
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DEAN (Faculty):	_____	_____
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Please attach updated CV, signed and dated, to each copy of the proposal.