

UNION COLLEGE HUMAN SUBJECTS REVIEW COMMITTEE

STATEMENT OF EXEMPTION

THIS FORM TO BE USED TO DECLARE THAT A HUMAN SUBJECTS RESEARCH PROJECT IS
EXEMPT FROM REVIEW

Please type your responses in the fields provided. The grey fields will expand if more space is needed. When completed, please email to D. Catherine Walker, Chair of the Human Subjects Review Committee (walkerc@union.edu).

1. Name of faculty researcher or sponsor
Email address
2. Name of student researcher (if applicable)
Email address
3. Please indicate the name of the student or faculty researcher(s) who have completed CITI training. **If none of the researchers have completed CITI training, please follow instructions [here](#)**
4. Please briefly describe the research (i.e., who the subjects will be and where will they be located, what they will they experience, and what kinds of information will they provide).
5. Will subjects be given an opportunity to agree or decline, in advance, to participate (e.g., via informed consent)? **If “no,” please complete an application to engage in research involving human subjects.>**
6. Will the information collected from subjects be anonymous or confidential? **If “no,” please complete an application to engage in research involving human subjects.**
7. Is it likely that this research will cause subjects harm or pain? Is it physically invasive? Is it likely to cause subjects to sustain any significant adverse lasting impact? Is it likely the subjects will find any aspects of the research to be offensive or embarrassing? **If the answer to any of these questions is “yes,” please complete an application to engage in research involving human subjects.**
8. Does the research involve deceiving subjects about the nature or purposes of the research? Does it involve the collection of sensitive information? **If yes, please complete an application to engage in research involving**

human subjects.

9. Does the research involve participants under the age of 18? **If yes, please complete an application to engage in research involving in human subjects.**

CERTIFICATION: I certify that the statements above are accurate to best of my knowledge (e-signature field below).

Student researcher (if applicable) _____ date _____

Faculty researcher/advisor _____ date _____