



Institutional Review Board Approval Form

Project Title:

Primary Researcher:

I certify that I have reviewed the completed "Institutional Review Board Project Description" form for the above listed project and approve of the research to be conducted.

Cochise College Dean or Executive Vice President of Academics

Printed Name:

Signature:

Date:

Cochise College Institutional Research Executive Director

Printed Name:

Signature:

Date:

Cochise College Dean of Academic Affairs

Printed Name:

Signature:

Date: