

8. IF YOUR PROJECT INVOLVES RESEARCH WITH HUMANS, ANIMALS OR BIOLOGICAL SPECIMENS (cells, tissues, etc.), YOU MUST PROVIDE ADDITIONAL DOCUMENTATION:

Depending on the nature of your project, SF State may require you to submit information to the Human and Animal Protections (HAP) unit for project **registration** or **approval**. Contact HAP at protocol@sfsu.edu or 415-338-1093.

1. **If you have received confirmation of approval or determination through HAP:** Attach the official approval or determination notice and select one of the following:
 - My protocol has been approved by the IRB or IACUC and I have attached the approval notice.
 - My project has been determined to be Exempt or Excepted by HAP and I have attached the notice of determination.
2. **If your project has been submitted to HAP and is under review**, provide the date submitted to HAP: _____, and indicate the submission type: Application for Determination of Exemption Protocol Email inquiry
3. **If your research is covered under someone else's protocol**, you need to register with HAP, and indicate one of the following:
 - My project is covered under an SFSU faculty member's protocol. Protocol #: _____ (if already approved).
 - My project is covered under an approved protocol at another institution.
4. **If you are UNSURE if your project is considered human subjects research**, submit an Application for Determination of Exemption to HAP: <https://research.sfsu.edu/content/application-determination-exemption>
5. **If you are UNSURE if your project is considered animal research**, contact HAP at protocol@sfsu.edu or 415-338-1093.
6. **If you are conducting research using biological specimens** (e.g., tissues, cells, etc.), you must register the work with HAP and attach their official notice of exception or approval.

IMPORTANT: DO NOT BEGIN YOUR RESEARCH UNTIL YOU RECEIVE NOTICE OF APPROVAL, EXEMPTION OR EXCEPTION

REQUIRED NAMES AND ORIGINAL SIGNATURES

9. Supervising committee: must include a minimum of two TENURED or TENURE TRACK faculty members from the student's major department

FOR COMMITTEE CHAIR:

I will be available to work with students (1) during winter break YES NO (2) during the summer months YES NO

Committee Chair:

SIGNATURE	TYPE/PRINT NAME, ACADEMIC RANK AND DEPT.	EMAIL (REQUIRED)
Other committee member(s):		
2nd	SIGNATURE	TYPE/PRINT NAME, ACADEMIC RANK AND DEPT.
3rd	SIGNATURE	TYPE/PRINT NAME, ACADEMIC RANK AND DEPT.

10. Department chair/graduate coordinator: I have reviewed the above proposal including the composition of the supervising committee and find it acceptable for meeting the culminating experience requirement for the master's degree in the major indicated.

SIGNATURE	TYPE/ PRINT NAME AND TITLE	DATE
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FOR OFFICE USE ONLY

ORSP-HAP determination: Approved protocol # _____ Exempt _____ Date _____ Excepted _____ Date _____

Accepted by Division of Graduate Studies _____ Date _____