

Projects Using Vertebrate Animals Approval Form

Student's Name: _____

Title of Project: _____

School: _____

Grade: K 1st 2nd 3rd 4th 5th

Parent's Information:

Teacher's Information:

Name: _____

Name: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Signature: _____

Signature: _____

Return form to the Director for approval: Dr. Lisa Sullivan at APSU PO BOX 4547, Clarksville, TN 37044
Phone: (931-221-6148); email: sullivanl@apsu.edu

NOTE: Approval is required **before the project begins**. The Director will contact the parent and/or teacher with notification of the approval.

What is the purpose of your study?

How will vertebrate animals be used in your study?

To be completed by Scientific Review Committee or MCSF Director prior to experimentation

- MINIMAL RISK INVOLVED - Student may proceed with project following the attached SRC recommendations.
- MORE THAN MINIMAL RISK - Student **must receive additional guidance** from SRC chair.

SRC Chair/MCSF Director Signature: _____

Date: _____

Completed form should be returned to the Director, Dr. Lisa Sullivan after SRC chair approves or disapproves.