

FERKAUF GRADUATE SCHOOL OF PSYCHOLOGY

YESHIVA UNIVERSITY

IRB Approval

PSY.D.

STUDENT: _____ PROGRAM: _____

DATE: _____ TIME: _____ PLACE: _____

TITLE: _____

PRINCIPAL INVESTIGATOR:

* _____

PROGRAM DIRECTOR:

* _____

Offsite Location: School: _____

Hospital or Medical Center: _____

Other: _____

Offsite IRB Approval: Filed:

Date: _____ Expiration: _____

FGS Dean's Authorization: _____

Check one:

Full revision: _____ Exempt: _____

Expedited: _____

YU IRB CCI #: _____