1. Project Title: 

2. Project Dates: Start ___ End ___

3. Principal Investigator (PI):
   a. Name ____________________________
   b. Undergraduate student □ Graduate student □ Faculty/staff □
   c. Department ____________________________
   d. Phone ____________________________
   e. Email ____________________________
   f. Other investigators, if any (names only): ____________________________

4. For students in particular: Indicate circumstances, if any, that might warrant a relatively quick review of your proposal. Such circumstances could include an approaching deadline. If none, indicate so by writing N/A.

5. REDCap research projects must be reviewed by the IRB* before they can be moved to production status. The current IRB review status is (check one):
   Study Approved □ Pending Approval □ NA (non-research project) □

   *Proposals may be reviewed by the IRB and RSIA at the same time. However, production status cannot be granted until the applicant provides a copy of the IRB approval letter to RSIA.

6. If dissertation or thesis, indicate the status of your project with your faculty committee.
   Application Approved □ Pending Approval □ other (specify) ____________________________

Please ensure that your REDCap project is complete, has been thoroughly tested, and is ready for production use prior to signing this form.

PRINCIPAL INVESTIGATOR’S Signature & Date: ____________________________

THIS SECTION FOR RESEARCH PROJECTS ONLY

Students: Your project must be reviewed and approved by a faculty member who has agreed to act as your advisor on the project. Give them this form. After they have had a chance to review your project, ask for their signature below.

Faculty advisor: Your signature below indicates that you have reviewed and approved the student’s REDCap project, and that it is complete, has been tested and is ready for production use. RSIA will rely on you to work with the student. Also, your signature indicates your willingness to help the student understand the university procedures related to the project. We encourage you to work with your Department in supporting your students who use REDCap in their research projects.

FACULTY ADVISOR NAME: ____________________________ Signature & Date: ____________________________