



Faculty Assurance Form for Classroom Projects Version 1

Projects/classroom assignments may be exempt from review when human participants conform to one of the categories from section [46.101\(b\) of 45 CFR 46](#). Research may qualify for Exempt status if it is for a classroom project/assignment conducted for instructional purposes and not to contribute to generalizable knowledge or to publish or to report research outside of the relevant NPU courses and classroom. This form allows instructors to take responsibility for ensuring appropriate design and ethical conduct of class projects involving human participants. This form may only be used when classroom projects meet the criteria for exemption, conducted for instructional purposes, considered minimal risk, does not include sensitive information and does not include protected classes or vulnerable populations. Please note that researchers must always engage in practices that ensure confidentiality regardless of the level of review.

Assignment/Project Title:

Assignment/Project Description and Methodology:

1. Overall class project and goal(s) of the assignment:

2. Individual or small group project descriptions (in brief):

Describe the Subjects/Recruitment:

Describe how the study will be presented:

I certify that as the faculty member supervising this course, I am familiar with North Park University's IRB policies and that I have a current IRB certificate on file. I assume responsibility for ensuring that the course related research assignment/project meets the above criteria for exemption and all ethical standards related to the profession will be followed. I acknowledge that failure to meet these responsibilities may subject me to a charge of misconduct of scholarship.

Project Director/Instructor's Signature: _____ Date: _____

Researcher's Print Name _____ Date: _____

Department: _____ Email address: _____

Chair/Faculty Supervisor's Signature (if instructor is an adjunct): _____

Date: _____

Course Title and Number: _____

IRB Chair or Representative Signature _____ Date _____