

## Self-Determination Form Hendrix College Human Subjects Review Board

Please complete this form if you believe your research qualifies as exempt from review. Please see the HSRB Policies & Procedures or the document, "Is my research exempt from HSRB review?" for detailed information about research that qualifies for exemption.

Upon completing this form in its entirety, please submit **one paper copy (with original signatures) to the mailbox of Dr. Lindsay Kennedy (DWR 140) and one electronic copy to HSRB@hendrix.edu.** An HSRB Co-Chair will notify the Principal Investigator **within 24 hours** if the research does *not* qualify for exemption.

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Title of research project:

Date of submission:

Expected dates of project duration:

Please briefly describe your research, including a description of who your participants will be. If your research involves an intervention, please briefly describe the intervention.

Please briefly describe the training that you and your faculty sponsor (if applicable) have that prepares you to carry out this research project.

Please check the box below to indicate which exemption category best describes your research.

Educational research

Surveys, interviews, educational tests, and/or observation of public behavior

Benign behavioral intervention

Secondary research

Other (please describe):

Please check the boxes below to verify that each of the descriptions apply to your research.

My study involves no more physical, mental, legal, financial, or social risk than is to be expected in participants' daily lives.

My study **does not** use a vulnerable population

My research **does not** include physiological data collection methods

My study **does not** involve undisclosed deception

My study **will not** include personally identifiable information that could link participants' data back to them.

By signing this form, I certify the following:

1. All of the information provided on this form is accurate;
2. Every effort will be made to carry out this research project in an ethical manner, with respect to the rights of the individuals who serve as my participants;
3. I will report any unexpected adverse consequences of my research (i.e., any unexpected harm to participants) to the HSRB in a timely manner.
4. Before making any changes that affect the exemption status of this research, I will submit a full research proposal to the HSRB for approval.

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Principal Investigator's Name Printed

Signature of PI

Date

*(if a project has multiple PIs, please provide name/signature/date for each)*

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Faculty Sponsor's Name Printed

Signature of Faculty Sponsor

Date

*(if applicable)*