

Special Education
 College of Education and Human Services
Field Report Approval Form



1. *Completed by Student (Type or print)*

| | | |
|---|----------------------------|---------------|
| _____ | | |
| Student Name (Last, First, Middle) | Student ID Number | |
| _____ | | |
| Address | Telephone Number | Email Address |
| _____ | | |
| Degree Program/Plan | Date Admitted to Candidacy | |
| _____ | | |
| Field Report Title | | |
| _____ | | |
| Name of committee chair: _____ | | |
| Name of other committee member: _____ | | |
| <p><u>IRB approval is needed for this Special Education Field Report</u> It is University policy and federal regulation (FR Title 45 Part 46, rev. 6/18/91) that all research conducted with humans must comply with guidelines regarding the Use of Human Participants. By signing below, you certify that you have obtained the necessary IRB approvals for the research described herein. <i>Note that data collection <u>cannot</u> begin until IRB approval is obtained.</i></p> | | |
| Student Signature: _____ | | Date: _____ |

Attach a copy of the proposal submitted to the IRB to this form in fulfillment of describing the plan and purpose of your project AND. Also attach a copy of the IRB approval letter. *Note that this proposal will not be approved without the proposal and notice of IRB approval attached.* All approvals on this form are needed as a prerequisite to registering for the field report course credit.

THIS IS NOT A REGISTRATION DOCUMENT. YOU MUST REGISTER SEPARATELY FOR THE APPROPRIATE COURSE CREDITS.

2. *Completed by Field Report Committee*

| | | |
|---|-------|------------|
| _____ | _____ | _____ |
| Field Report Committee Chair Signature | Date: | Department |
| _____ | | |
| Committee Member Signature | Date: | Department |
| _____ | | |
| <p>The signatures of the report committee constitute endorsement by the Special Education Graduate Program Coordinator that this field report meets all Program, Graduate Studies, IRB and University requirements in partial fulfillment of completing a master's degree in Special Education.</p> | | |

3. *Graduate Studies Approval:*

Date: _____

Signature _____

Copies:

- Field Report Committee Chair
- Student

- Graduate Program Coordinator
- Graduate Studies