

**Doctoral Form D-3A**  
**COMPREHENSIVE HUMAN SUBJECTS REVIEW APPROVAL**

**Please type** (handwritten forms will not be accepted):

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Spire ID Number

\_\_\_\_\_  
Local/Cell Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Concentration

\_\_\_\_\_  
Chair of Comprehensive Committee

**Proposed Comprehensive Title:**

**Please check one of the following regarding your research:**

1. \_\_\_\_\_ The research proposed will involve human subjects.

Signed: \_\_\_\_\_  
**Chair of Comprehensive Committee**                      **Date**

**You must submit a verification of University of Massachusetts IRB approval with this form if your research involves human subjects.**

**Or**

2. \_\_\_\_\_ The research proposed will not involve the use of human subjects.

Signed: \_\_\_\_\_  
**Chair of Comprehensive Committee**                      **Date**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date