

**Tarrant County College District
Institutional Review Board
Cover Approval Form**

IRB#:

Date:

Principal Investigator:

Name:

Phone:

Email:

Department Chair/Director:

Name:

Phone:

Email:

Dean (if applicable):

Name:

Phone:

Email:

Campus:

Campus: NE NW SO SE TR

Research Type: Exempt Expedited Full Continuing

Application Type: New Renewal

District Approval to Conduct Research:

Terri Day, PhD, Executive Director IRPE or Representative

Date