

Howard University
Graduate School
NOTIFICATION OF EXCLUSION FORM

SECTION ONE: Investigator	
Research Advisor (Faculty Mentor):	Telephone Number <u>and</u> HU Email:
College/School:	Department/Unit:
Student:	Telephone Number <u>and</u> HU Email:
Title of Project (If applicable):	

SECTION TWO: Certification

	YES	NO
• Does the project/study involve humans as research subjects?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the project/study involve secondary data analysis?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you plan to access or use identifiable private information (e.g. names, DOB, SS#, driver license #, address, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the project/study involve the use of vertebrate animal subjects?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the project/study require the use of human or non-human primate tissues, body fluids, and/or primary or established cell lines?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the project/study require the use recombinant or synthetic nucleic molecules?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you plan to use genetically modified organisms including viruses, bacteria, fungi, animals or plants?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you plan to use recombinant DNA or genetically modified plants or organisms?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the study require the use of biohazards or infectious material?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the project/study involve the receipt of or transfer of biological material (Material Transfer Agreement required)?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the project/study require the use of ionizing or non-ionizing radiation?	<input type="checkbox"/>	<input type="checkbox"/>
• Will the project/study require the receipt or transmission of classified information or materials including encryption technology?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the project/study involve nuclear or defense materials/technology?	<input type="checkbox"/>	<input type="checkbox"/>

Date Received: _____

• Does the project/study involve the use of technology, a product, material or data owned, or to be provided by, a third party?	<input type="checkbox"/>	<input type="checkbox"/>
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To determine eligibility for exclusion, please answer Yes/No to the above questions. If during review, the Office of Graduate Studies determines that your project does not meet the exclusion criteria, you will be asked to submit your application to the appropriate regulatory compliance committee in the Office of Regulatory Research Compliance.

If you have responded **“NO”** to all of the above statements, then your application qualifies for an exclusion and you will receive an official letter from the Office of Graduate Studies.

If you have responded **“YES”** to any of the above statements, then your application does not qualify for an exclusion. You will receive a letter from the Office of Graduate Studies regarding next steps.

If you are completing **COMPREHENSIVE EXAMINATION ONLY**, then no further action is required. Please sign this form and return to the Office of Graduate Studies in the Graduate School for records purposes only.

SECTION THREE: Type of Research, or Graduation/Program Requirement

- Qualifying/Comprehensive Examination “ONLY”
- Thesis/Dissertation
- Non-Thesis/Non-Research Option Paper Capstone Project
- Other: _____

PLEASE NOTE: Applications that do not meet the criteria for review by one of the regulatory research compliance committees are considered to meet the exclusion threshold. If your project has been determined to be excluded from review, you will not be required to submit an application to the ORRC. ***Please return your completed form and project summary to the Graduate School, Office of Graduate Studies; via Email: graduatestudies@howard.edu, Phone: 202-806-4666.***

- In the instance that your project is not eligible to be excluded, please submit an application to the appropriate regulatory committee for review; i.e., IRB (via iMeDRIS), IACUC and/or IBC, along with all supporting documents.
- Please attach a summary of your project which outlines the methods for the gathering of data.
- Notification of Exclusion is based on the information provided on this form and the accompanying project summary. If any of this information changes, a new notification of exclusion form must be submitted for review.

Date Received: _____

RESEARCH EXCLUSION CERTIFICATION SIGNATURES

Student's Signature: _____ Date: _____
(Comprehensive Examination Only)

Research Advisor's Signature: _____ Date: _____
(Others)

Chair/Director of Graduate Studies Signature _____ Date _____

OFFICE OF GRADUATE STUDIES USE ONLY

APPROVED: DENIED:

GS Reviewer:

Name:	Signature:	Date:
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Telephone: 202-806-4666

Revised: 05/16/22