

Memorial Hospital at Gulfport  
Research Oversight Committee

Application

Name \_\_\_\_\_ Telephone \_\_\_\_\_

School/College (if student) \_\_\_\_\_

Proposed Project Dates (begin and end) \_\_\_\_\_

Title \_\_\_\_\_

\_\_\_\_\_ New Project

\_\_\_\_\_ Dissertation or Thesis

Request for: Full Board Review Exempt Review Expedited Review  
(circle one)

Please include the following with your Application Form:

- [ ] Brief Statement of project goals
- [ ] Copy of the Protocol if approved by another IRB
- [ ] IRB Authorization Agreement, documenting IRB of Record
- [ ] Copy of proposed Informed Consent form

\_\_\_\_\_  
Department Director (affected Dept) Date

\_\_\_\_\_  
Graduate Medical Education Faculty (DIO of GME)  
(as appropriate) Date

\_\_\_\_\_  
Principal Investigator Signature Date