



DEPARTMENTAL HONORS PROPOSAL Special Permission Checklist

1. Does your project require testing and/or questioning of human subjects?

Yes ____ No ____

If yes, include the signature of the chair of the IRB (Institutional Review Board).

Signature

2. Does your project require special chemicals or other potentially hazardous materials?

Yes ____ No ____

If yes, include the signature of the chemical safety and hygiene officer.

Signature

3. Does your project require additional funding?

Yes ____ No ____

If yes and funding has been arranged include the signature of the department chair or chair of group providing the funds. If funding will not be determined before your proposal is due, attach your plans for funding.

Signature

4. Does your project require working with a company or agency outside of Bluffton University?

Yes ____ No ____

If yes and you know who you are working with, include the signature of the person you will be working with at the company/agency and the name of the company/agency. If yes but you do not have a specific contact person or group, attach your plans for locating a group to work with.

Signature

Company or agency name

Student's Signature _____

The purpose of this form is to inform students and advisors that some projects require additional approval and to ensure that students have contacted the appropriate person(s). Signatures on this form only indicate that the initial contact has been made. It does not indicate that final approval has been granted.