

**SHSU Institutional Animal Care and Use Committee (IACUC)
Request for Exemption from IACUC Approval for Field Studies**

For IACUC Use Only
Exemption No.: _____
Date Received: _____

Submit this completed form to the Office of Research and Sponsored Programs.
Notification of exempt status will usually occur with 7 days of receipt.

A. Project Information			
Title of Project / Course:			
Type of Application:	New	Modification to Exempt Field Study No.	
Nature of Work:	Research	Instruction	
Funding Source/Agency:		Start Date:	End Date:

B. Principal Investigator	Faculty	Staff	Student
PI Name:	Department:		
Phone:	Email:		
C. Supervisor Information (if the PI is a student)			
Name of Supervisor:	Supervisor Department:		
Supervisor Phone:	Supervisor Email:		

D. Statement of Understanding and Agreement	
By signing this form, I certify that:	
<ol style="list-style-type: none"> 1) I have acquainted myself with the Federal Regulations and University Policies regarding the care and use of vertebrate animals in testing, research, and educational activities. 2) Field studies are, first and foremost, subject to the animal care and use requirements and regulations imposed by any agency funding the study. 3) All animals will be studied in their natural environment. Every attempt will be made to avoid excessive disturbance due to research or teaching activity. The proposed activities do not involve the capture, handling, housing, transportation, treatment or euthanasia of any vertebrate animals. Should these procedures become necessary during the course of the study, I will submit Form C, Research Application for Animal Care and Use, for IACUC approval prior to initiating any change in protocol. 4) All personnel, including students, involved in this study have received proper training appropriate to the nature and scope of the study to ensure that the health and safety of animals and persons in the field are not compromised. 	
Principal Investigator Signature	Date
Faculty Supervisor Signature	Date
Department Chair Signature	Date

E. FOR IACUC USE ONLY: Certification of Exemption	
Signature of IACUC Chair or Member Designee	Date

F. Co-Principle Investigator	Faculty	Staff	Student
Co-PI Name:		Department:	
Phone:		Email:	
Co-Principle Investigator	Faculty	Staff	Student
Co-PI Name:		Department:	
Phone:		Email:	

G. Project Summary

In language understandable to a lay person, provide a description of the study protocol in the space below. This description should be sufficiently detailed to demonstrate that the criteria for exemption from IACUC approval have been met. If any federal, state, or local permits are required to conduct this study, indicate the permit number(s).

NOTE: If your study is assigned exempt status, you are not required to apply for renewal unless there are changes in the protocol. If the methods of the study are altered in any way, submit a new Form X, including the proposed changes, for reevaluation of exempt status. If the changes no longer satisfy the criteria for exemption from IACUC approval, submit Form C, Research Application for Animal Care and Use, instead of Form X. The revised study must be certified as exempt (Form X) or approved by the IACUC (Form C) before changes are implemented.