

Pedagogy & Methodological School/College Approval Letter and Attestation

**Directions on how to use the form**

**Delete all blue text. Blue text is for informational purposes only to help draft appropriate information.**

**Title of Project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School/College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class/Course Title & Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summary of planned activities:** Please provide a brief summary of planned non-research activities, including who will be asked to participate and the role of any Student Learners.

**Location of planned activities:** Please identify the locations where the planned non-research activities will be performed. If the project will include non-Rowan University sites, then those locations should be listed here in bullet form. If the project will include Rowan University sites (outside of the classroom), then those locations should be identified here. Building name and address (if applicable) should be listed.

**Faculty/Director/Instructor Attestation and Statement of Responsibility**

I, as the faculty/director/instructor, of the course attest to the following:

* The project will be included as part of the syllabus of the class/course
* Faculty/director/instructor and all students participating in this project will complete CITI human subjects research training
* Provide the proper oversight and mentoring of students engaged in this project
* Any and all locations will be informed of the project and approval of those locations obtained prior to initiating this project activity in the class/course
* Not publish the results or present results in any way that can contribute to the publicly available generalizable body of knowledge
* Faculty, staff and student researchers are not conducting the project for scientific merit/recognition
* Not disclosing any subjects’ identifiable information and conducting discussion only with the students enrolled in the class/course

Course Faculty/Director/Instructor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Course Faculty/Director/Instructor Signature Date

**School/College Approval**

The faculty/director/instructor has incorporated this project as part of the curriculum/syllabus of the class/course and this project has been approved only for methodology & pedagogy purposes only.

Dean/Assistant Dean/Chair\* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dean/Assistant Dean/Chair Signature Date

\* Dean can assign a designee or appropriate administrative staff in the School or College that reviews and approves course syllabi