*This form is to be used to request IACUC review of exempt field research. The term field studies is used narrowly to mean a study conducted on a free-living wild animal in their natural habitat. However, this term excludes any study that involves an invasive procedure, harms, or materially alters the behavior of an animal under study. Read SOP ### about what constitutes exempt research prior to completing this form. Contact* *iacuc@csueastbay.edu* *if you have any questions.*

**Section I: PERSONAL INFORMATION**

PRINCIPAL INVESTIGATOR: **Enter Your Last Name**, **Enter Your First Name**

DEPARTMENT: **Enter Your Department**

CAMPUS PHONE #: **Enter Your Campus Phone Number**

EMAIL: **Enter Your Email Address**

**Section II: Project Information**

**Enter Your Project Title**

PROJECT TITLE:

FUNDING AGENCY (if applicable): **Enter Your Source of Funding**

 *Does agency require* [ ]  YES [ ]  No

*IACUC approval?*

DOES YOUR PROJECT REQUIRE [ ]  YES [ ]  No

ANY FEDERAL, STATE, AND/OR

LOCAL PERMITS?

List Any Required Permits

 *If yes, list and attach*

 *them to the form prior*

 *to submission*.

**SECTION III: PROJECT DESCRIPTION**

*Provide a brief description of the project. Be sure to include where the activity will be conducted and what procedures will be involved. Make sure to include how those procedures are likely to affect the biology and ecology of the study animals by describing the relationship of that species to the habitat and other species found in the study area (including the nature and duration of potential effects).*

**Enter Your Project Description**

**SECTION IV: APPLICANT’S CERTIFICATION**

1. I certify that this application accurately reflects all procedures involving animal subjects described in the proposal submitted for the support of this project. Any proposed revision to or variation from this application as approved will be promptly forwarded to the IACUC for review and approval.
2. I understand that “The IACUC may suspend an activity that is previously approved if it determines that the activity is not being conducted in accordance with the description of that activity provided by the principal investigator and approved by the Committee.” [CFR 9 CH. 1 Part 2.31(d)(vi)].
3. I understand that studies assigned exempt status may be subject to reevaluation by the IACUC for conditions including, but not limited to, changes in federal, state, local, or institutional policy or changes in funding source.
4. I certify that personnel conducting the study described above will be appropriately qualified and trained in those procedures.
5. I certify that the procedures do not involve an invasive procedure, harm, or materially alter the behavior of an animal under study, and no personnel will capture, handle, house, transport, treat or euthanize animals and cause excessive disturbances of animals due to study activities.

SIGNATURE OF PRINCIPAL INVESTIGATOR: DATE: Select Date

SIGNATURE OF IACUC CHAIR: DATE: Select Date

ACTION: [ ]  **APPROVE EXEMPTION** [ ]  **FULL ANIMAL CARE AND USE PROCOL REQUIRED**

ASSIGNED IACUC EXEMPTION NUMBER: Enter Assigned IACUC Exemption Number