

**2008 University of Arkansas
Scientific Review Committee and Institutional Review Board Members Register**

DUE: November 1, 2007

School/District Name: _____

The SRC and IRB members listed below will provide science and engineering project assistance for the following schools/district: _____

SRC

Chairperson: _____ Field of Study: _____

Degree(s) and/or Qualification: _____

Institutional Affiliation: _____ Phone _____

Complete Mailing Address: _____

Street City Zip

Name: _____ Field of Study: _____

Degree(s) and/or Qualification: _____

Institutional Affiliation: _____ Phone _____

Complete Mailing Address: _____

Street City Zip

Name: _____ Field of Study: _____

Degree(s) and/or Qualification: _____

Institutional Affiliation: _____ Phone _____

Complete Mailing Address: _____

Street City Zip

IRB (only required for projects involving Humans)

Chairperson: _____ Field of Study: _____

Degree(s) and/or Qualification: _____

Institutional Affiliation: _____ Phone _____

Complete Mailing Address: _____

Street City Zip

Name: _____ Field of Study: _____

Degree(s) and/or Qualification: _____

Institutional Affiliation: _____ Phone _____

Complete Mailing Address: _____

Street City Zip

Name: _____ Field of Study: _____

Degree(s) and/or Qualification: _____

Institutional Affiliation: _____ Phone _____

Complete Mailing Address: _____

Street City Zip

Signed: _____ Date: _____

Local/District Affiliated Fair Director

Send completed form to CMASE by email nmixon@uark.edu or fax 479-575-5680