**The Catholic University of America**



 **Committee for the Protection of Human Subjects (CPHS)**

**Justification For Exemption Form**

**Please Check One: Faculty**[ ]  **Staff** [ ]  **Student** [ ]

|  |  |  |
| --- | --- | --- |
|       |  | Click here to enter a date.  |
| ***Principal Investigator’s Name***Choose an item. | ***Date***Choose a department. |
| ***School*** | ***Department*** |

 ***Title of Study***

|  |
| --- |
|       |

 ***Faculty Advisor (If student PI)* FWA00004459**

1. **Description of Research Procedures:**

1. **This project is exempt under 45 CFR 46.104** 1.(d)(1)

***For the following reason(s):***