

Minor Protection Policy – Covered Program Determination Form

This form must be reviewed and signed by the Program Director prior to being submitted to the Office of Compliance and Integrity.

Name of Program/Activity: _____

Sponsoring Unit: _____

Director of Program/Activity: _____

Program Director's University Department: _____

Phone: _____ Email: _____

Program Website: _____

Description and nature of the program/activity involving minors:

Date(s) of activity/program: _____

Is the program open to the general public? YES NO

Are minors ordinarily accompanied for the entire program by a parent, teacher, or other chaperone (not associated with the program)? YES NO

Does the program/activity involve an overnight stay? YES NO
If yes, on campus? _____ If not on campus, where are participants housed? _____

NOTE: For programs involving research or data collection, submission of this form and/or completion of any requirements under the Minor Protection Policy is not a substitute for any other requirements, including IRB review and approval. For information about those requirements, contact irb@research.msstate.edu.

Program Director Signature

Date

To be completed by the Office of Compliance and Integrity:

Received: _____

Covered Program: YES NO

Notification Sent: _____

Notes: _____

Reviewer's Signature

Date