

**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](mailto:irb@research.msstate.edu).

\_\_\_\_\_  
Program Director Signature Date

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**To be completed by the Office of Compliance and Integrity:**

Received: \_\_\_\_\_  
Covered Program: YES NO  
Notification Sent: \_\_\_\_\_  
Notes: \_\_\_\_\_

\_\_\_\_\_  
Reviewer’s Signature Date