

Student Investigator Name:

Title of Research:

Purpose of research (i.e., classroom requirement, Master's thesis):

The IRB will rely on your careful consideration and review of the following 4 questions:

- Is the research likely to achieve its aim? Yes No
- Is the proposed research of sufficient scientific importance to justify the risks entailed? Yes No
- Are there adequate resources to complete the study? Yes No
- Are the research procedures designed to minimize risk to subjects? Yes No

Assurances:

1. As Faculty Advisor for a student PI, I have ultimate responsibility for the conduct of the study, the ethical performance of the project, and the protection of the rights and welfare of human subjects.
2. I have ensured that the student researcher assuming duties is well-trained and competent.
3. I will assure proper application and reporting to the IRB if any of the following occurs:
 - a. I need/want to modify the study procedures or consent document
 - b. A participant complains about the study (regardless of the reason) or there is an adverse event
 - c. I become aware of a protocol deviation/violation (e.g., anonymous participants become identifiable)
 - d. New findings indicate that the study risks, or the risk/benefit ratio has changed
4. I agree that I and the student investigator will not implement any study procedures until either (a) legally effective informed consent has been obtained, (b) participants have been fully informed about the study via an information sheet and have had the opportunity to ask questions, or (c) unless a waiver of consent was approved.

I have reviewed all online protocol materials with the student investigator and APPROVE the application as it is currently entered into Kuali Protocols.

Faculty Advisor Signature

Date

Print Name of Faculty Sponsor/Department

Please ensure this form is signed and submitted with the student's IRB application.

Student applications must attach a copy of this form to their submission for completion and consideration.