

Faculty Advisor Research Agreement

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? Is the proposed research of sufficient scie Are there adequate resources to complete Are the research procedures designed to a 	· ·	Yes Yes Yes Yes	No No No No
Assurances:			
the project, and the protection of the right I have ensured that the student researche I will assure proper application and report a. I need/want to modify the study b. A participant complains about th c. I become aware of a protocol dev d. New findings indicate that the study I agree that I and the student investigator informed consent has been obtained, (b)	r assuming duties is well-trained and competent ting to the IRB if any of the following occurs:	adverse e ecome id either (a) study via	vent entifiable) legally effective
I have reviewed all online protocol materials with into Kuali Protocols.			it is currently entered
Faculty Advisor Signature	Date		
Print Name of Faculty Sponsor/Department			
	s signed and submitted with the student's IRB appopers of this form to their submission for completion		sideration.
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