

Principal Investigator Certification

Title of Project:	
Principal Investigator:	
Faculty Advisor:	

By signing below, I certify that the information contained in this application, the research proposal/protocol, and any associated materials accurately reflects how the research will be conducted. Any proposed changes to the research will be submitted for IRB review and approval prior to implementation (unless necessary to eliminate an apparent immediate risk of harm, in which case the issue and action taken will be reported to the IRB promptly).

Principal Investigator Signature & Date:	
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I have read and approved of this research plan. I believe that the student is competent to conduct the activity as described herein. I understand my roles and responsibilities for the oversight and conduct of this research.

Faculty Advisor Signature & Date:	
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