**University of Oklahoma – Norman Campus**

**Office of Human Research Participant Protection**

**Appendix B – Graduate Student as Principal Investigator**

Highest degree held by student: **\_\_\_**Bachelors **\_\_\_**Masters

Student’s degree program: **\_\_\_**Masters **\_\_\_**Doctoral

This project has been reviewed to determine that the scope, anticipated risks and benefits, and methodology are appropriate for this research by:

**\_\_\_** Approval of thesis/dissertation proposal by faculty committee

**\_\_\_** My personal review and approval of research proposal

**\_\_\_** Other—describe below

The graduate student is qualified to conduct independent research based on the following credentials (Check all that apply):

**\_\_\_** has completed a graduate research methods course

**\_\_\_** has completed the training in Responsible Conduct of Research

**\_\_\_** has experience as an independent or closely supervised research team member. Describe below and include the name of the researcher who supervised your activities.

**\_\_\_** Other—describe below

**FACULTY SPONSOR’S ASSURANCE**

By my signature as sponsor on this research application, I certify that the graduate student investigator is knowledgeable about the regulations and policies governing research with human subjects and has sufficient training and experience to conduct this particular study in accordance with the research protocol. Additionally,

I confirm that I have reviewed this IRB application, including the protocol, and verify that it is complete and the

research scope, anticipated risks and benefits, and methodology are appropriate in design.

I agree to meet with the investigator on a regular basis to monitor study progress.

I assure that the investigator will promptly report unanticipated problems and will adhere to all requirements for

continuing review and modification.

If I will be unavailable, e.g., sabbatical leave, vacation, or resignation, I will arrange for an alternate faculty

sponsor to assume responsibility during my absence, and I will advise the OU-NC IRB of such changes.

If the graduate student investigator leaves the university, I will provide all necessary documents for terminating

the study or continuing review.

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| Faculty Sponsor | Date (mm/dd/yyyy) |
|  |  |
| Print PI Name |  |
|  |  |
| PI Signature | Date (mm/dd/yyyy) |