**Faculty Advisor Agreement**

This form must be completed for all research conducted by students, whether from SUNY Broome Community College, or an outside college/institution/agency. Faculty advisors should complete this form and submit it to Dr. Kimberly McLain, Dean of Institutional Effectiveness, IRB Chair at [mclainkb@sunybroome.edu](mailto:mclainkb@sunybroome.edu).

**Please note:** Faculty advisors should review the completed IRB application, and all relevant materials, including recruitment materials, surveys, and informed consent forms, prior to their submission to the SUNY Broome IRB to ensure the application and materials are appropriate and complete.

**Faculty Advisor Contact Information**

| **Name** |  |
| --- | --- |
| **Institution** |  |
| **Department** |  |
| **Telephone number** |  |
| **E-mail** |  |

**Principal Investigator/Student Information**

| **Name of Student** |  |
| --- | --- |
| **Title of Research Project** |  |

**Statement of Assurance**

My signature below certifies that I, as the Faculty Advisor of this research, have read and approved all of the materials submitted with the IRB application.

**I agree that:**

* The research methodologies and design of the study are appropriate for the type of study and for the discipline.
* The risk/benefit ratio is appropriate for the project activities and research population.
* The student has the appropriate training, experience, and knowledge to conduct the research in a manner consistent with the regulations governing human subject research.
* I will provide oversight and monitoring of the student and their research activities throughout the duration of the project.
* In the event of an adverse or unanticipated problem, I will ensure that the SUNY Broome Community College IRB Chair is contacted immediately.

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**Signature of Faculty Advisor Date**