

Faculty Research Advisor Approval Form

Please have your advisor **fill out the sections below, including their signature.**

By signing this form, I attest that I have read/reviewed this application for quality, completeness, and accuracy. I certify that I am familiar with Kean University policies and federal and state regulations regarding the protection of human subjects in research. This study meets the guidelines and requirements of the IRB and has my endorsement. I agree to provide appropriate education and supervision of the advisee/applicant and any listed co-PI and monitor the progress of the project throughout the approved duration.

Faculty Research Advisor Name: _____

Department (do not abbreviate): _____

College (do not abbreviate): _____

Office Location: _____

Email Address: _____ Day Phone: _____

Signature of Faculty Research Advisor

Date