

PEPPERDINE UNIVERSITY

GRADUATE & PROFESSIONAL SCHOOLS INSTITUTIONAL REVIEW BOARD

Faculty Supervisor Review Form

For guidance on signing this PDF document, please refer to “Instructions for Signing a PDF”.

Student’s or Guest Investigator’s Name: _____

Research Application Title: _____

By my signature as a supervisor/sponsor on the above referenced research application, I certify that _____ is knowledgeable about the regulations and policies governing research with human subjects and has sufficient training and experience to conduct this particular study in accord with the proposed application and protocol. In also certify the following,

- I have reviewed this application;
- I agree to meet with the investigator on a regular basis to monitor study progress;
- I agree to be available, personally, to supervise the investigator in solving problems should they arise during the course of the study;
- I assure that the investigator will promptly report significant or untoward adverse effects to the Pepperdine IRB chairperson in writing in accordance with the guidelines stated in Section III.G of the Investigator’s Manual; and
- If I will be unavailable (e.g., sabbatical leave or vacation), I will arrange for an alternate faculty supervisor/sponsor to assume responsibility during my absence, and I will advise the IRB chairperson in writing of such arrangements.

Faculty Supervisor Signature

Date