

Please make a hard copy of this page and collect the required signatures.

G. ASSURANCE STATEMENT

I confirm that the procedures described above are accurate and will be followed in the course of the research project. I will notify the IRB of any changes to procedures and if unanticipated problems arise during the research process.

Signature of Researcher* _____ Date _____

Please Print Name _____ Project Title _____

***Students:** This form must be reviewed and signed below by your faculty supervisor as well as the Chair of your Department/Program
***Faculty:** This form must be reviewed and signed below by the Chair of your Department/Program.
***Administrators/Staff:** This form must be reviewed and signed below by the head of your administrative division.

Signature of Faculty Supervisor** _____ Date _____
Print Name _____

****Faculty Supervisors are signing that they have performed the duties listed at <http://www.kenyon.edu/x35073.xml>**

Signature of Department/Program Chair _____ Date _____
or Administrative Division Head***
Print Name _____

*****Department/Program Chairs and Administrative Division Heads:** your signature indicates that you have reviewed this Proposal for Research Involving Human Subjects and have found the application complete and accurate. After signing, please check the box that best describes the level of IRB review that this proposal should undergo.

- This proposal should be considered exempt from further review.
- This proposal should be considered for an expedited review.
- This proposal should be given a full review.

PI's should keep copies of all materials submitted with this application.