

**Student signs. (Please read, print, sign, scan, and upload with your protocol submission)
Certification: Student Researcher Acknowledgement of Faculty Submission**

Your signature below indicates that you acknowledge that your faculty advisor will submit your protocol to the IRB and that you have read and understand the policies and procedures governing research with human subjects, and that you fully intend to comply with these policies and procedures. You further acknowledge your responsibility to report to the IRB any proposed changes to your approved protocol prior to making these changes.

Principal Investigator/Student

Signature

Date
