

# Faculty Mentor Support & Certification Form

Thank you for serving as a faculty mentor for a student applying to the PNW Undergraduate Research Grant Program or the Senior Design/Capstone Grant Program. Faculty mentors help ensure that funded projects are appropriately designed, supervised, and conducted in accordance with PNW requirements.

Please review the proposed project and complete this support and certification form.

## FACULTY MENTOR INFORMATION

**Grant Program (select one):** ☐ PNW Undergraduate Research Grant Program ☐ Senior Design/Capstone Grant Program

**Faculty Mentor Name:**

**Department/College:**

**Student Applicant(s):**

**Project Title:**

## PROJECT REVIEW AND SUPPORT

Review each statement and check each box to confirm your agreement.

- ☐ I have reviewed the student's application and proposed project and support its submission to the selected grant program. I believe the proposed project is appropriate for the program and can reasonably be completed within the proposed timeline.
- ☐ I agree to provide appropriate guidance, supervision, and mentorship to the student(s) throughout the project.
- ☐ If the project is funded, I agree to oversee the use of awarded funds and help ensure that expenditures comply with the approved budget and applicable Purdue University policies.

## REGULATORY REVIEW GUIDANCE

Please keep the following requirements in mind when reviewing the proposed project:

- Determine whether the project involves human subjects, vertebrate animals, biological materials, controlled technologies or data, or another regulated activity.
- Consult the appropriate Purdue compliance office and submit required applications as early as possible.
- Ensure all applicable approvals are in place before regulated research activities begin. A grant award does not constitute regulatory approval.

**Research Compliance and Security - Purdue University:**

<https://research.purdue.edu/resources-for-researchers/compliance-and-security/>

**If regulatory approval has already been obtained, provide the protocol/approval number, if applicable:**

**Faculty Mentor Comments (optional):**

By signing below, I certify that the information provided is accurate, that I agree to the checked project review and support statements, and that I have reviewed the regulatory guidance above.

**Faculty Mentor Signature:**

**Date:**

Add an electronic signature using Adobe Acrobat Fill & Sign, or print and sign by hand.

MM/DD/YYYY