# External Supervising Faculty Form

# Institutional Review Board

# American University of Central Asia

For the purposes of IRB, a party external to AUCA is not eligible to serve as a supervising faculty for students in their research projects submitted for IRB approval. However, the relevant department chair of the student or the dean of the division may apply to the IRB for exception to this rule by showing the external supervising faculty has a continued formal professional arrangement with AUCA, and undertaking the responsibilities to ensure the duties and responsibilities of the external supervising faculty are duly fulfilled.

1. **Details of Proposed External Supervising Faculty**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Proposed External Supervising Faculty: |  | | |
| Email: |  | Division: |  |
| Phone: |  | Program: |  |
| Institution/University: |  | | |
| Credentials & Experience |  | | |
| Description of Continued Formal Arrangement (such as contract and/or collaboration end-date) with AUCA: |  | | |

1. **Project Information**

|  |  |  |
| --- | --- | --- |
| Title: | | |
| Expected date of research project completion: | dd/mm/yyyy | |
| Is proposed research project or will conducted at *another* *institution or university* other than AUCA? | Yes | No |
| If yes, has the research been reviewed by that institution or university’s IRB? | Yes | No |

1. **Project Investigators**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Principal Investigator: |  | | |
| Email: |  | Division: |  |
| Phone: |  | Program: |  |
| Institution/University: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Co- Investigator (if applicable): |  | | |
| Email: |  | Division: |  |
| Phone: |  | Program: |  |
| Institution/University: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Co- Investigator (if applicable): |  | | |
| Email: |  | Division: |  |
| Phone: |  | Program: |  |
| Institution/University: |  | | |

*If there are more than two co-investigators, copy and insert an identical table.*

1. **Dean of Division or Chair of Department**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Title |  | | |
| Email: |  | Division: |  |
| Phone: |  | Program: |  |

1. **Undertaking by Supervising Faculty (only applicable for student thesis or research projects)**

|  |
| --- |
| By stating my name and signing below, I indicate   1. My recommendation of the above-mentioned proposed external supervising faculty as external supervising faculty for this research project. 2. I have reviewed the credentials, training, and experience of the proposed external supervising faculty and concluded that he/she has capability to guide, monitor, and be responsible for the ethical research conduct of the principal investigator and all investigators for this research project. 3. I will undertake responsibilities to oversee the ethical research conduct of investigators in this research project. This will require monitoring the progress of the research and ensuring the external supervising faculty fulfills his/her responsibilities for this research project. 4. Should the external supervising faculty not fulfill his/her responsibility in this research project. I will be ultimately responsible and assume the role of supervising faculty in this research project. 5. I have successfully completed the AUCA IRB Ethics Training or its equivalent in the last 3 years. I understand IRB may request for such proof of completion if need be. I understand such training is required for all investigators involved in this research. 6. I have read through all documents submitted by the principal investigator and the supervising faculty for this research project and find them to be true and representative of the research to be conducted.     Dean of Division or Chair of Department Name and Signature\* Date  *\*Scanned images of signature may be admissible.* |