

For IRB Office Use
IRB No: _____
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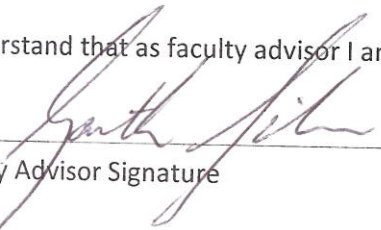
FACULTY ADVISOR ASSURANCE*
For Human Subject Research

Protocol	
Title: <i>Landslide: Systematic testing of concurrency bugs as an educational tool in 15-410</i>	
IRB number (if known):	
Principal Investigator (Student)	
Name: <i>Ben Blum</i>	Department: <i>CSD</i>
Faculty Advisor	
Name: <i>Garth Gibson</i>	Department: <i>CSD</i>
Telephone: <i>268-5890</i>	Email: <i>garth@cs.cmu.edu</i>

I am the faculty advisor for the student (Principal Investigator) submitting this protocol. By my signature, I certify that I have reviewed the protocol and believe that it is scientifically sound. Furthermore, I believe that the student has the necessary training, experience and knowledge to conduct the research in a manner consistent with the regulations governing human subject research and sound research principles. I agree to:

- Oversee and monitor the conduct of this research by communicating regularly with the PI;
- Assist with the resolution of any problems or concerns encountered during the research;
- Assure that the CMU IRB is notified in the event of an adverse event or protocol deviation.

I understand that as faculty advisor I am responsible for the conduct of this research.



Faculty Advisor Signature

Jan 16, 2015

Date

Note: if e-mailed from the Faculty Advisor's CMU e-mail account a hand written signature is not needed. Please type in name and date.

Please submit to irb-review@andrew.cmu.edu

*This form is to be completed when a student is conducting human subject research. The student will be designated as the Principal Investigator and must complete and sign the IRB application. The faculty advisor's signature is not needed on the application.