**Certification for Project Completion**

**for Research Involving Human Subjects**

**Project Title:** Click here to enter text. **IRB Number:** Click here to enter text.

**Faculty/Staff Investigator**

Name: Click here to enter text. Department/College: Click here to enter text.

Phone Number: Click here to enter text. Email: Click here to enter text.

**Student Investigator,** If applicable**:**

Name: Click here to enter text. Department/College: Click here to enter text.

Phone Number: Click here to enter text. Email: Click here to enter text.

**Project Status:**

[ ] **Completed** – No further activities will be done.

[ ]  **IRB** file closed and all research documents forwarded to the Office of the Provost/Vice President for

Academic Affairs

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date**

 **cc Provost/Vice President for Academic Affairs**

 **Principal Investigator**

 **IRB Committee Chair**