**IACUC**

**Certification for Project Status**

**for Research and Teaching Involving Animal 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.

 **IACUC** file closed and all research documents forwarded to the Office of the Provost/Vice President
 for Academic Affairs and Student Services. No further activities will be done.

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 **Principal Investigator or Student Date**

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 **Faculty/Faculty Advisor Date**

[ ] **Research suspended (Explain Rationale)**

[ ] **Research terminated (Explain Rationale)**

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

 **IACUC Administrator Date**

 **cc Provost/Vice President for Academic Affairs and Student Services**

 **Principal Investigator**