**Certification for Project Suspension/Termination**

**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.

 The primary principal investigator must sign this form.

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 **Date**

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

 **Date**

**IRB Use Only**

 [ ]  Research suspended (Explain rationale) [ ]  Research terminated (Explain rationale)

 cc Provost/Vice President for Academic Affairs

 Principal Investigator

 IRB Committee Chair