**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