Name:

Project Title:

Project Number:

Date:

**Completion**

**[ ]  Check this box if ONE or more of the following criteria is met:**

1. **No more human subjects will be used**
2. **You have completed the third year of the project**
3. **You are requesting approval for a major modification to the project**

**You must check one of the following:**

**[ ]** The human subject portion of this study has been completed and ***no more human subjects will be used***.

[ ]  I have completed the third year of my research under this project number. (If you have completed the third year of your research under this project number, this project file must be closed. ***A new application must be submitted and reviewed and given a new project number if you have not completed the human subjects portion of this project.)***

[ ]  There have been significant changes to my proposal, grant and/or contract ***and I must close this project file and submit a new proposal for approval.*** Ex. A major change to the scope of work.

**I,**      , **have enclosed a brief summary of the research**

 **Principal Investigator’s/ Researcher’s name**

**to close this project file number.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Principal Investigator’s Signature Date

[ ]  Reviewed by IRB Chair

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IRB Chair Date