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| **Institutional Review Board**  **Project Completion Form** | |
| **Date:** | **IRB Project Number:** |
| **Project Title:** | |
| **Principal Investigator (PI):** | |
| **College/Department:** | |
| **Funding Agency (if applicable):** | |
| **PI Phone Number:** | **PI Email Address: @findlay.edu** |
| **PI Address:** | |
| **Enrollment Information** | |
| **Total Number of Human Subjects in this Research:** | |
| **Last Date of Data Collection:** | |
| **Date of Project Completion (Publication, Cessation, etc.):** | |

**Signature of the Principal Investigator Date**

**Signature of the IRB Chairperson Date**