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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**