

Virginia State University
Institutional Review Board
Research with Human Subjects
Closure Form

Please submit this form within one month of the **conclusion** or **cancellation** of the IRB approved research protocol. Send the completed form to Ms. Sharon Evans, the IRB administrator, at IRB@vsu.edu.

IRB Number: _____

Principal Investigator (s): _____

Project Title: _____

Department: _____

Faculty Advisor (*if applicable*) _____

Number of Participants Enrolled: _____

Location of Signed Informed Consent Forms: _____

Reason(s) for concluding or cancelling the study:

- _____ Data collection is complete.
 - _____ Problems with participant recruitment.
 - _____ Project is no longer funded.
 - _____ Principal Investigator is leaving the university.
 - _____ Other (*explain below*).
- _____
- _____

Signature of Principal Investigator

Date

Signature of Faculty Advisor (*if applicable*)

Date