

Request for Closure of Active Human Subjects Research Project

Title of Project: _____

IRB Project # (Assigned by IRB): _____

Name of Principal Investigator(s): _____

Email(MCC email address required): _____

Phone: _____

Name of Faculty Mentor: _____

(MCC email address required): _____

Department: _____

Campus Address: _____

Campus Phone: _____

Briefly describe the nature of the request:

Approval of IRB Chair:

I have reviewed this closure request and have taken the following action:

Approved

Approved following Full Board Review

Disapprove

Date _____ Signature of IRB Chair _____