

Today's Date _____ Current Expiration Date _____ SCSU HRPP IRB # _____

Research Completed Form
*(To be submitted no later than 90 days after your research project has been completed.)**

Identifying Information:

Principal Investigator: _____ Faculty/Staff Student Other

Street Address: _____ Home Phone: _____

City: _____ Work Phone: _____ E-mail: _____

State: _____ Zip: _____ FAX: _____

Department: _____ Faculty Sponsor: _____
(For student research)

Project Title: _____

*** If this research is a thesis or dissertation completed in partial fulfilment of degree requirements, this form must be submitted along with your IRB approval form as part of your final thesis/dissertation submission to the School of Graduate Studies.**

The research covered under SCSU HRPP IRB # _____ was completed on _____. No further collection data or research participant involvement will be achieved.
(month / day / year)

1. Please develop a brief synopsis of the conduct of your research and supported outcomes (no more than 200 words).

2. Please indicate what provisions have been made to retain your research records and data for three years following the completion of your research. Please indicate how confidentiality and privacy of your research participants will be maintained for this period. Further, how will records be stored so that they may be accessible for inspection and copying if necessary during this period? (If no changes have been made, this information may be copied from your protocol.)

Signature:

Principal

Investigator _____ Date _____