

IRB Close-Out Form

Revised 02/23/18

Submission Instructions

Investigator Information

Please fill out this form in its entirety and submit via email to IRB@rockies.edu or e-sign.

Purpose

This form should be completed by the researcher when all data collection has ended. If the researcher plans on collecting some type of follow-up data or longitudinal data, this form should only be completed at the end of all data collection.

First Name:	Last Name:	Student ID (If applicable):
Email Address:	Phone Number:	
Research Information		
IRB Number:	Approval Date:	Date Data Collection Ceased:
Title of Research:		
Faculty Chair (Doctoral Proje	ct research):	
Number of Participants:		
If low recruitment, list reasons	s (if your response requires addition	nal space please attach a separate document):
·	Withdrawn from the Research:	nal space please attach a separate document):
The researcher should verify	the following by checking the appro	opriate box.
 No additional data will During the research the (Please attach a summathere were NOT any value) If collected, the research of the value of the valu	mary of the unexpected variations invariances, please indicate so.) rcher: ed consent was obtained from all p	approved research protocol: Yes No n a separate document and attach it to this form. If participants: Yes No ms for five (5) years: Yes No

Investigator Signature:	Date:
You have provided your consent to receive documents from Univ Application. For more information, please refer to the Electronic C	
Chair Signature:	Date: