**The Catholic University of America**



 **Institutional Review Board for the Protection Of Human Subjects**

**Closure Report Form**

|  |  |  |
| --- | --- | --- |
|       |  | Click here to enter a date. |
| **Principal Investigator’s Name Date** |  | **Date** |

 **Title of Study**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |  | Click here to enter a date. |  | Click here to enter a date. |

**Protocol Number Original Approval Date Current Expiration Date**

Reason for requesting closure:

[ ]  Project is complete.

[ ]  PI is graduating/leaving CUA

[ ]  Project was never initiated

[ ]  Other: Specify Click here to enter text.