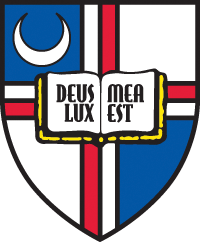
**The Catholic University of America**



**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.