



Originally Issued: September 2016  
Reviewed: January 2019

## Certification for Project Suspension/Termination for Research Involving Human Subjects

**Project Title:**

**IRB Number:**

**Faculty/Staff Investigator**

Name:

Department/College:

Phone Number:

Email:

**Student Investigator, If applicable:**

Name:

Department/College:

Phone Number:

Email:

The primary principal investigator must sign this form.

X

\_\_\_\_\_

Date

X

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Date

Faculty/Faculty Advisor

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### IRB Use Only

Research suspended (Explain rationale)

Research terminated (Explain rationale)

X

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IRB Administrator

cc      Provost/Vice President for Academic Affairs  
          Principal Investigator  
          IRB Committee Chair