

IRB#: _____

FROSTBURG STATE UNIVERSITY
Institutional Review Board (IRB): Humans As Participants in Research Committee

NOTICE OF PROJECT TERMINATION

Project Director: _____

Project Title: _____

Department: _____ Telephone: _____

Project Start Date: _____ End Date: _____

I certify that this study was conducted in compliance with the protocol reviewed and approved by the IRB on _____. If signed informed consent forms were required, they are on file in my department and will remain there for a period of three years.

Signature, Project Director

Date

Please mail this form to the Office of Sponsored Programs or email a scanned PDF to IRB@frostburg.edu.