**Form G** Eastern Illinois University

For IRB use only

IRB File No.: Date received:

Institutional Review Board

for Review of Research Involving Human Subjects

# COMPLETION OF RESEARCH ACTIVITIES

1. Title of Project:

IRB File Number:

1. Principal Investigator\*:

Status:

Faculty

Student\*

EAP Staff

Other—specify:

\*Note: Students engaging in research are required to have a faculty sponsor or executive, administrative, or professional (EAP) staff sponsor. List sponsor below.

Mailing address:

Phone: E-mail:

Department or Unit

Co-Investigator or Sponsor:

Status:

Faculty

Student

EAP Staff

Other—specify:

Mailing address:

Phone: E-mail:

Department or Unit

1. Project Begin Date: Project End Date:
2. Subject Recruitment:
   1. Total number of subjects enrolled in study:
   2. Number of subjects who formally voluntarily withdrew from study at their own request:
   3. Number of subjects who dropped out or did not finish the study:
3. Please identify any problems the participants may have encountered during the research study. How were the problems handled?

**ATTACH A SUMMARY OF THE COMPLETED RESEARCH (AN ABSTRACT IS SUFFICIENT).**

Principal Investigator’s Signature Date

Faculty or EAP Staff Sponsor’s Signature Date (required when a student is the PI)

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IRB Chair Signature Date