

**Form G**

Eastern Illinois University  
Institutional Review Board  
for Review of Research Involving Human Subjects  
**COMPLETION OF RESEARCH ACTIVITIES**

For IRB use only  
IRB File No.: \_\_\_\_\_  
Date received: \_\_\_\_\_

1. Title of Project: \_\_\_\_\_

IRB File Number: \_\_\_\_\_

2. 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 \_\_\_\_\_

3. Project Begin Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

4. Subject Recruitment:

a). Total number of subjects enrolled in study: \_\_\_\_\_

b). Number of subjects who formally voluntarily withdrew from study at their own request: \_\_\_\_\_

c). Number of subjects who dropped out or did not finish the study: \_\_\_\_\_

5. 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  
(required when a student is the PI)

\_\_\_\_\_  
Date

\*\*\*\*\* **FOR IRB USE ONLY** \*\*\*\*\*

\_\_\_\_\_  
IRB Chair Signature

\_\_\_\_\_  
Date