**Research Closeout Form**

*Please complete this form to close-out your research project.*

 **Project Title:** Click or tap here to enter text.

**Project Identification Number #:** Click or tap here to enter text.

**Approval Letter Project Start Date:** Click or tap here to enter text.

**Approval Letter Project End Date:** Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Email** | **Department** | **SCC student, faculty, or staff** (Please specify if you are a faculty/staff sponsor) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Actual Project Start Date:** Click or tap here to enter text.

**Actual Project End Date:** Click or tap here to enter text.

**Actual Number of Participants:** Click or tap here to enter text.

**Where there any modifications to the project after approval?** Choose yes or no.

**Is yes, please explain:** Click or tap here to enter text.

**Research Closeout Form**

**Research is now completed and was conducted according to the proposal approved. Please provide a summary of findings.**

Click or tap here to enter text.

**If research was not conducted, please provide a brief explanation.**

Click or tap here to enter text.

**I certify that the information provided in this form is accurate and complete:**

**Signature of Principle Investigator:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: / /**

**Signature of Principle Investigator:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: / /**

**Co-Investigator(s) Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of the Faculty/Staff Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**  **/ /**