

**WOR-WIC COMMUNITY COLLEGE DISTRICT
INSITUTIONAL REVIEW BOARD
RESEARCH CLOSURE FORM**

Directions to Researchers: This form is submitted when all data collection and analysis associated with the previously approved research are finished.

Title of Research Proposal:

Principal Investigator or Researcher:

Campus or Institutional Name, Department, and Address:

Phone:

E-mail:

Status of Research (Please check one)

Never started

Please describe the circumstances:

Completed

Problems Encountered During Research

Please describe any problems that you encountered during the research related to protection of human subjects.

How were these problems resolved?

Use of Research

How has your study's data been used to this point? Please provide references for any publications or conference presentations or the publication of a dissertation or thesis.

Principal Investigator's Signature:

Date: