

Submission Instructions

Please fill out this form in its entirety and submit via email to IRB@rockies.edu or e-sign.

Purpose

This form should be completed by the researcher when all data collection had ended. If the researcher plans on collecting some type of follow-up data or longitudinal data, this form should only be completed at the end of all data collection.

Investigator Information

First Name: _____ Last Name: _____ Student ID (if applicable): _____

Phone: _____ Email: _____

Research Information

IRB Number: _____ Approval Date: _____ Date Data Collection Ceased: _____

Title of Research: _____

Faculty Chair (Doctoral Project research): _____

Number of Participants: _____

If low recruitment, list reasons (if your response requires additional space please attach a separate document):

Total Number of Participants Withdrawn from the Research: _____

List all reasons for withdrawal (if your response requires additional space please attach a separate document):

The researcher should verify the following by checking the appropriate box.

- All data collection from human participants has ended: Yes No
- No additional data will be collected: Yes No
- During the research there WERE variances from the IRB approved research protocol: Yes No

Please attach a summary of the unexpected variations in a separate document and attach it to this form. If there were NOT any variances, please indicate so.)

- If collected, the researcher:
 - Verifies informed consent was obtained from all participants: Yes No
 - Agrees to securely store participants' consent forms for five (5) years: Yes No
 - Will provide the IRB access to those forms up request: Yes No

Investigator Signature: _____ Date: _____

You have provided your consent to receive documents from Ashford University in electronic form as part of your Online Application. For more information, please refer to the Electronic Communication section of the Catalog.

Chair Signature: _____ Date: _____