



IRB003 Notification of External IRB Review Completion

**Gratz College
Notification of External IRB Review Completion**

Date:

Date of original submission:

1. Title of Research Proposal:

2.

	NAME	EMAIL ADDRESS
Principal Investigator		
Program Director (if student proposal)		

3. Other Institution(s) requiring review of research proposal:

Name

Address

Reviewing body: IRB Other: _____

Name

Disposition: Approved Date: _____

Disapproved Date: _____

Other Explain: _____

4. Signatures:

	NAME	SIGNATURE	DATE
Principal Investigator			
Program Director			

- Attach copy of external review document.
- Additional sheets attached; this is sheet 1 of _____.

