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FINAL CLINICAL RESEARCH PROJECT APPROVAL FORM

Student Name: _____ SSN: _____
(print name)

Title of CRP: _____

CRP Committee: _____
(print names) Chair

Reader

CLINICAL RESEARCH PROJECT COMMITTEE APPROVAL
(Signature indicates final approval of the Clinical Research Project by the CRP Committee)

Committee Chair (signature)

Date

Reader (signature)

Date

Please submit the completed form to Dr. Carl Word

Copies of completed form to: Student, Dissertation Committee Chair, Human Subject Committee Chair