



INSTITUTIONAL COMMITTEE FOR THE CARE AND USE OF LABORATORY ANIMALS IN EXPERIMENTATION

COMMITTEE ACTION FORM

Principal Investigator or Activity Director _____

Campus Address _____

College _____ Department/Unit _____

Project Title _____

The project referenced above has been reviewed. The decision is as follows:

_____ **Approved** as presented (Date _____)

_____ **Approved with the following stipulations:** (Date _____)

_____ **Not approved** for the following reasons: (Date _____)

Signature:

Committee Chairperson
Dr. Steve Hayslette