

**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 of Approval _____)

_____ Approved with stipulations which are: (Date _____)

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

Signatures:

Committee Chairperson
Dr. Steve Hayslette