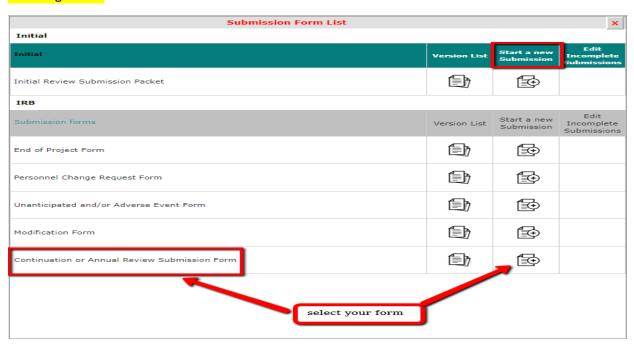
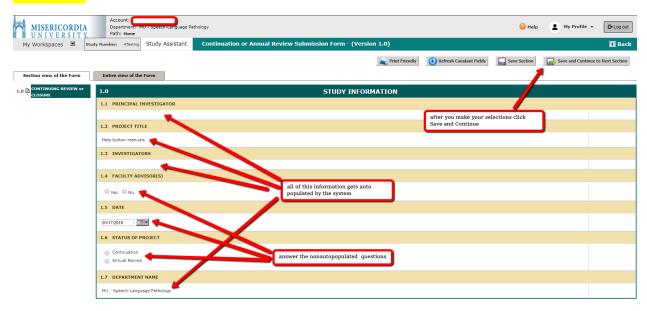
### Submitting Continuing Review/Annual Update Form



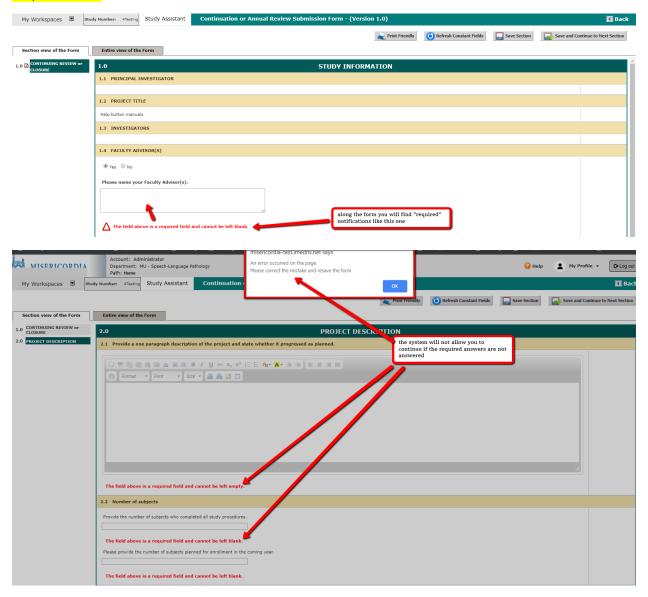
### Selecting a form



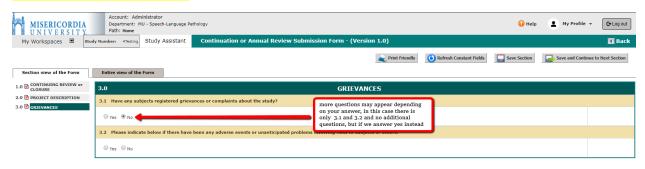
#### First section



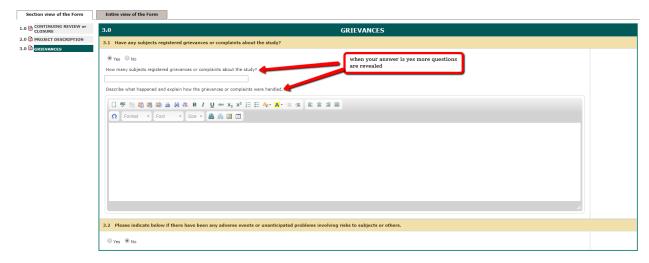
### Required fields



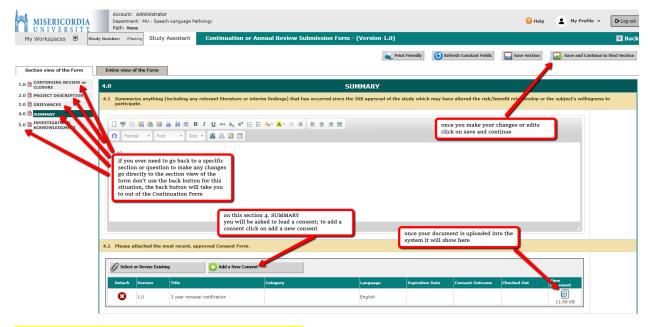
## Show hide questions (hidden)



Show hide questions (shown)



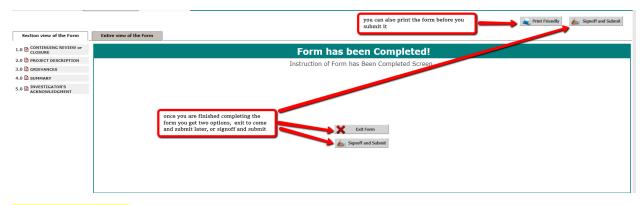
### Section 4. Summary



## Section 5. INVESTIGATOR'S ACKNOWLEDGMENT



Form completion



PDF printer friendly

this is the PDF printing form that will show once you click print

# Continuation or Annual Review Submission Form (Version 1.0)

1.0 STUDY INFORMATION	
1.1 PRINCIPAL INVESTIGATOR	
1.2 PROJECT TITLE	
Help button manuals	
1.3 INVESTIGATORS	
1.4 FACULTY ADVISOR(S)	
⊙ Yes C No	
Please name your Faculty Advisor(s).	
test administrator	
1.5 DATE	
01/17/2019	
1.6 STATUS OF PROJECT	
Continuation Annual Review	
1.7 DEPARTMENT NAME	
MU - Speech-Language Pathology	
2.0 PROJECT DESCRIPTION	
2.1 Provide a one paragraph description of the project and state whether it progressed as planned.	
10	