

US Army Command & General Staff College (CGSC)

SURVEY RESEARCH

End of Project Data Collection Report

Upon project completion, complete this report and submit to the CGSC Quality Assurance Office, 4521 Lewis and Clark.

Include copies of any signed consent forms.

Project Title: _____

Name(s) of Researcher(s): _____

Address of Researcher(s): _____

Dates that data was collected from Human Subjects:

From: _____ to _____ .

The signature(s) below verify that the above named survey research project was performed according to the procedures outlined in CGSC Bulletin 40 and that data collection is now complete.

A total of _____ subjects participated in this research; _____ subjects voluntarily withdrew from the project, and _____ subjects experienced complications, adverse reactions, or injuries resulting from participation in the research project. The CGSC Quality Assurance Office will maintain all records for this project for one year.

Researcher's Printed Name: _____

Researcher's Signature: _____

Researcher's Printed Name: _____

Researcher's Signature: _____

Date Submitted to CGSC QAO: _____ QAO Initials: _____