

CALIFORNIA STATE UNIVERSITY LONG BEACH

Office of University Research

Animal Resources

REQUEST FOR TRAINING

LAST NAME: _____ **FIRST:** _____

Principal Investigator: _____ **Department:** _____

IACUC Project Number: _____ **Species:** _____

- I have informed the individual listed above of the need for training.**
- This person is listed on approved Protocol no. _____**
- I have provided a copy of the approved protocol and modifications (if applicable) to the person listed above.**
- I agree to provide protocol specific training and supervision to the individual above, consistent with my responsibilities as a Principal Investigator.**

As faculty advisor, I have provided the necessary information to the student listed above.

Faculty Advisor Signature

Date