

**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.**

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**Faculty Advisor Signature**

**Date**