

**REVIEW ETHICS BOARD:**

COURSE-BASED RESEARCH COMPLETION



**SECTION A: TIMELINES, COURSE TITLE & CONTACT INFO**

| REB File No.: | REB Approval Date: |
| --- | --- |
| Original Completion Date: | Actual Completion Date: |

**COURSE INSTRUCTOR:**

| Title: | Name: | | |
| --- | --- | --- | --- |
| Department: | | | Institution/Organization: |
| Phone: | | Institutional E-mail: | |

**COURSE NUMBER, NAME, DEPT:**

| Course #: | Course Name: |
| --- | --- |
| Term(s): | |
| Department: | |

**SECTION B: RESEARCH OVERVIEW**

**B1.** Give a brief description of the type of research conducted as part of the course.

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**B2.** How many students took part as participants/informants, researchers, etc.

**B3.** Did any research participants/informants withdraw from the study? **☐ NO ☐ YES**

**IF YES,** describe the general circumstances for any withdrawals.

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**B4.** During the study were there any adverse or unanticipated events? **☐ NO ☐ YES**

(\*If YES, submit an **Adverse/Unanticipated Event Report Form**)

**B5.** How will study-related documents, recordings, etc. be stored securely and for how long? If to be ultimately destroyed, when and how will this occur?

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**SECTION C: SIGNATURES**

I CERTIFY, that the information provided in this form is complete and correct.

| COURSE INSTRUCTOR: | Date: |
| --- | --- |
| COURSE INSTRUCTOR: | Date: |

\*\* Email digital copy, including ALL relevant appendices to**:** [**ethics@algomau.ca**](mailto:ethicsoffice@algomau.ca)