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**REVIEW ETHICS BOARD:**

COURSE-BASED RESEARCH COMPLETION

**NOTE:** When completing form, if question is **NOT APPLICABLE** enter ‘**N/A’** into appropriate field.

**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**:** [**ethicsoffice@algomau.ca**](mailto:ethicsoffice@algomau.ca)