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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.

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

\*\* Email digital copy, including ALL relevant appendices to**:** **ethicsoffice@algomau.ca**