Submit one copy to the Research Ethics Chair/Coordinator at each college where the study is being conducted.

**Title of Research Project/Course:** Click here to enter text.

**Date of Original REB Approval**: Click here to enter a date.

**Application #**: Enter Application # here

**Today’s Date:** Click here to enter a date.

**Principal Investigator**

**Name:** Click here to enter text.

**School/Department:** Click here to enter text.

**Telephone:** Click here to enter text.

**E-mail:** Click here to enter text.

1. When did this study begin? Click here to enter a date.
2. Is this study still active?

**Yes** [ ]  **No** [ ]

If **Yes**, when will the interaction with human participants be completed? Click here to enter a date.

If **No**, when was the interaction with human participants completed? Click here to enter a date.

1. What is the funding status of the project?

[ ]  **Funded** Agency: Click here to enter text.

Funding Period: Click here to enter a date. To: Click here to enter a date.

[ ]  **Funding Sought** Agency: Click here to enter text.

Funding Period: From: Click here to enter a date.To: Click here to enter a date.

[ ]  **Unfunded**

1. Have there been procedural or other changes to this application since its original ethics clearance?

[ ]  **No**

[ ]  **Yes** [ ]  i) A Change Request form has been filed

[ ]  ii) A Change Request form is attached

1. Since original ethics clearance was granted, have any ethical concerns arisen or have any participants experienced adverse events as a result of their participation in the study?

[ ]  **No**

[ ]  **Yes** (Please describe in detail using the **Further Information** section, or append additional page.)

1. **Principal Investigator Assurance**

I confirm that the information provided in this Renewal/Completed Status Report is correct and that for so long as this study remains incomplete, I continue to be bound by the terms of the assurance provided by me on the original application for research ethics approval.

Name of Principal Investigator/Supervisor (signature not required):

 Click here to enter text.

Date: Click here to enter a date.

1. **Further Information**:

Click here to enter text.

**ACKNOWLEDGEMENTS**

This form has been adopted from the University of Guelph and Conestoga College with their permission.