**Institutional Approval Form**

# Applicant Information

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| --- | --- |
| **Name:** Click here to enter text. | **Position:** Click here to enter text. |
| **School/Organization:** Click here to enter text. | **Program/Department:** Click here to enter text. |
| **Email:** Click here to enter text. | **Phone Number:** Click here to enter text. |
| **Signature:** | **Date:** Click here to enter text. |

**Project Title**

Click here to enter text.

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| **Estimated Start Date:** Click here to enter text. | **Estimated End Date:** Click here to enter text. |

**Projects for Academic Credit**

If this project is being conducted for academic credit (i.e. course work, thesis or other credential requirement, etc.) complete the following section.

|  |  |
| --- | --- |
| **Advisor Name:** Click here to enter text. | **School/Organization:** Click here to enter text. |
| **Email:** Click here to enter text. | **Phone Number:** Click here to enter text. |
| **Signature:** | **Date:** Click here to enter text. |

# Project Description

Provide a brief description of your project written in plain, non-technical language (250 words max).

Click here to enter text.

# Humber Involvement

Describe the way(s) in which Humber faculty members, staff members and/or students will be involved in the project, and any other Humber resources (supplies, equipment, etc.) that will be required (250 words max).

Click here to enter text.

# Research Ethics Board (REB) Approval

REB approval is required for all projects involving human participants being conducted by or with Humber faculty members, staff members and/or students. Complete the following section if your project requires REB approval.

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| **Submission Date:** Click here to enter text. | **Approval Date:** Click here to enter text. |

# Humber Contact

If you have consulted with a Humber employee who has the authority to provide you with access to the information, or resources required for this study, indicate their contact information below.

Please be advised that Institutional Approval is at the discretion of the Office of the Senior Vice- President, Academic.

|  |  |
| --- | --- |
| **Name:** Click here to enter text. | **Position:** Click here to enter text. |
| **School/Department:** Click here to enter text. | **Program:** Click here to enter text. |
| **Email:** Click here to enter text. | **Phone Number:** Click here to enter text. |

**For Internal Use Only**

|  |  |  |
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| **Approver:** Click here to enter text. | **Date:** Click here to enter text. | * **Approved** ☐ **Not Approved** |
| **Comments**  Click here to enter text. | | |