**All researchers requiring Associate Dean Research approval of an ethics application must submit their protocol to the research office (**[**research.nursing@utoronto.ca**](mailto:research.nursing@utoronto.ca)**). Faculty of Nursing feedback and/or approval will be provided within five (5) business days from receipt of the REB by the research office.**

PI Name: Click or tap here to enter text.

Project Title: Click or tap here to enter text.

Is this project funded? Yes  No

If yes, please name the sponsor: Click or tap here to enter text.

Projected start date: Click or tap to enter a date.

Projected end date: Click or tap to enter a date.

Has this research undergone peer review? Yes  No

If yes, please specify review type, e.g., funding agency, departmental committee, PhD committee, supervisor, other: Click or tap here to enter text.

If no, please include full protocol.

Does this study involve recruitment of Bloomberg Nursing students? Yes No

Does this study involve use of student course evaluations? Yes No

If yes to either, please obtain approval of the Undergraduate (for undergraduate students) or Graduate Director (for graduate students).

Graduate/Undergraduate Director Name: Click or tap here to enter text.

Graduate/Undergraduate Director Signature: Click or tap here to enter text. Date: Click or tap to enter a date.

Associate Dean Academic: Click or tap here to enter text.

Associate Dean Academic Signature: Click or tap here to enter text. Date: Click or tap to enter a date.

PhD Dissertation Research

Date of proposal defense: Click or tap to enter a date.

Name of Supervisor: Click or tap here to enter text.