**All researchers requiring Associate Dean Research approval of an ethics application must submit their protocol to the research office (****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.