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## Course-Based Research Ethics Year End Form

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### SUBMISSION

Please send this form to REB Office Personnel at [REB@nbcc.ca](mailto:REB@nbcc.ca) and copy your Academic Chair.

For applications that included co-applicants, each instructor should complete a separate form for their own course section.

### PURPOSE

The purpose of this form is to confirm study completion, report any adverse events, and allow the REB to close its file on your course-based research.

This form should only be used for projects that received program-level delegated REB review. For projects that received full REB review, please use [Ethics Study Completion Form \(3303.4760\)](#).

### GENERAL INFORMATION

1. Protocol # (from original approval letter)	
2. Original Approval Date	
3. Instructor Name	
4. Course name	
5. Campus	
6. Research Start Date	
7. Research End Date	

### INDIVIDUAL PROJECTS

8. If the assignment required each student or group to design their own study, include the information for each project. Insert additional rows as needed.

Student Name(s) OR # of Students in Group	Project Title OR Topic	Project Partner (if applicable)	Approx. # of participants

### RESULTS

6. Please provide a brief description of the project(s) results and/or deliverables provided to partners.

## CONCERNS, RISKS, WITHDRAWALS

8. Are you aware of any unanticipated risks, costs, or other adverse effects study participants have experienced during the past year due to their participation not previously reported to the REB?

- Yes  
 No

10. If **yes**, please detail all adverse effects and unanticipated issues:

11. Did any study participants withdraw?

- Yes  
 No

12. If **yes**, please describe the circumstances surrounding the withdrawal(s).

13. Have any other ethical concerns occurred in the context of the study/studies (e.g., conflicts of interest, breaches of confidentiality, or data security) that have not previously been reported to the REB?

- Yes  
 No

14. If **yes**, please describe all ethical concerns in detail:

## MEASURES TO SAFEGUARD RESEARCH INFORMATION

15. Will research data be destroyed or retained? If destroyed, describe how (shredded, deleted, etc.); if retained, describe how, where, and for how long it will be securely stored.

## SIGNATURE

I affirm that this completion form accurately describes the research activities conducted under my supervision related to the Protocol number cited above. All adverse impacts have now been reported to the REB, and no additional procedures or data collection will be conducted.

Faculty Supervisor Signature:

Date: