Request to Reactivate a Closed REB Application

|  |
| --- |
| Today's Date:  |
| Principal Investigator: |
| REB Number: |
| Research Project Title: |
| Clearance Date: |
| Project End Date: |

Please provide a brief justification regarding the request to reopen a closed REB file.

Principal Investigator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REB Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_