**Please indicate below if approval has been granted (or not) by the appropriate officers of the institution:**

1. **APPROVAL GRANTED:**

**Dean of School, Direct Supervisor (or equivalent):**

I agree that I have reviewed the project titled Click here to enter project title., which has been submitted to Lambton College’s Research Ethics Board by, Click here to enter full name of Principal Investigator., on Click here to select a date..

I confirm that the PI is a member in good standing of the staff/faculty at Lambton College and that the PI has the credentials/expertise to conduct the research being proposed in this application.

**-OR-**

In the case where the PI is not a staff/faculty member of Lambton College, I agree that the Lambton College key contact for the project, Click here to enter first and last name., is qualified to serve this function. I confirm that there are sufficient resources to support the research and that I individually support this research being conducted at Lambton College.

**Agreed to and accepted by:**

Click here to enter full name. Click here to enter date.

Name of Administrator Date

Signature

1. **APPROVAL WITHELD:**

**If institutional approval is NOT granted, please indicate reasons below:**

Institutional approval NOT granted for the following reasons:

Click here to enter details.

Click here to enter full name. Click here to enter date.

Name of Administrator Date:

Signature

**Note: Researchers should clearly indicate the fact that institutional approval has NOT been granted in any information and consent letters given to research participants and submitted with this application.**

**Submission:**

Please email a copy containing signatures to the attention of the Lambton College REB Chair at [reb@lambtoncollege.ca](mailto:reb@lambtoncollege.ca). This should be a scanned copy of the actual signatures. If signatures are missing, the application will be returned.