□ Renewal	
□ Multi-Year Study	
☐ Extension/Exapansion	
☐ Amendment/Modification	
APPLICANT INFORMATION:	
Date:	
Name of Investigator(s):	
Institution/Agency:	
Mailing Address:	
Phone:	
Email:	
Title of previously approved study:	
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The signature below confirms that this request for renewal/extension/amendment has been vetted and is supported by my research supervisor.

A copy of an updated Research Ethics Board (REB) letter of approval from the sponsoring institution is also attached to this request form.

Please submit a signed Conditions of Access form along with this renewal request. Forms are available on the <u>ERRC Website.</u>