Request to Withdraw an Active REB Application

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

Please provide a brief justification regarding the request to withdraw an active REB file.

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

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