**Course-Based Research Activities Student Signature Form**

Course number and title:

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Semester and year:

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**Instructor information:**

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| Instructor Name: |  |
| Department: |  |
| Email: |  |
| Phone: |  |
| Signature: |  |

Include names and signatures from all students completing course-based research activities in the course. Add more rows as needed. Signatures indicate they agree to follow instructor guidelines as approved by REB and cannot make changes once the study is approved by the instructor without specific permission.

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| **Name** | **Signature** |
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