

Application to Conduct Research/Observation at CPE McGill

Title of Proposal: _____

Type of Study (e.g., Observational, Behavioural, Clinical): _____

Principal Investigator/Observer: _____

Affiliation: _____

Status (e.g., Professor, Graduate Student...): _____

If student or post-doc, name of supervisor: _____

Contact Information (address, phone, email):

Research funded by: _____ **Unfunded:** _____

Approved by REB/IRB: _____
(Name of Committee & Date)

Proposed Start Date: _____

Signature

Date