



PRINCIPAL INVESTIGATOR	
NAME:	
FACULTY:	DEPARTMENT:
CLINICAL COLLABORATOR	
NAME:	
EMPLOYER / ORGANIZATION:	
PROJECT TITLE	
SIGNATURES - Signatures must be obtained from the PI, Clinical Collaborator, the PI's Department/Unit Head, and the Dean (or Delegate).	
PRINCIPAL INVESTIGATOR	
SIGNATURE:	DATE:
CLINICAL COLLABORATOR	
SIGNATURE:	DATE:
UBCO DEPARTMENT HEAD	
NAME:	
SIGNATURE:	DATE:
UBCO DEAN OR DELEGATE	
NAME:	
SIGNATURE:	DATE: