



## Extension Form

**File number:**

**Project Title:**

**Primary Investigator:**

**Date your Ethics Certificate Expires: (dd/mm/yy):**

- 1. Using bullet points, please provide a succinct review of the progress of your research up to this point in time:**  
[ENTER YOUR TEXT HERE]
- 2. Describe in detail why are you seeking an extension**  
[ENTER YOUR TEXT HERE]
- 3. To what date (MONTH, DAY, YEAR) do you propose extended this project?**  
[ENTER YOUR TEXT HERE]

*In completing and signing this document you confirm that you have acknowledged any changes to your project, and continue to conduct your study with integrity and in accordance with the ethics certificate you were issued (see file number listed above) and St Mary's University Research Ethics Board (REB): Policy.*

\_\_\_\_\_  
Signature of Primary Investigator

\_\_\_\_\_  
Date: (dd/mm/yy)