

You must have IRB Approval before you can change or modify your research project . Please type your responses (Word document) or use ink (PDF) to complete this form and submit it to the IRB/Research Services Office.

Primary Investigator Name:		Phone No.:
Email Address:	Campus Box No.:	Department:
Title of Project:		
Funding Source/Agency:	Original Period of Research Project: From: To:	
IRB Database Number:	IRB Initial Review Date:	

What do you want to do?

<input type="checkbox"/>	I am requesting an extension to my project's Expiration Date. From (previous expiration date): _____ To (new expiration date): _____
<input type="checkbox"/>	I want to make the following changes or modifications to my research project: <ul style="list-style-type: none"> <input type="checkbox"/> Research personnel <input type="checkbox"/> Research procedures used <input type="checkbox"/> Informed consent documents <input type="checkbox"/> Types of human subjects participating <input type="checkbox"/> Types of data collected <p>The IRB also asks that you provide a written explanation for these changes. Attach your explanation to this form and submit it to the IRB Administrator.</p>

Principal Investigator/Researcher Assurance:

As principal investigator/researcher, I hereby assure that the information I have provided on this form is correct and accurate, to the best of my knowledge.

 Signature of Principal Investigator/Researcher

 Date

Faculty Advisor Assurance:

As faculty advisor, I hereby assure that the information I have provided on this form is correct and accurate, to the best of my knowledge.

 Signature of Faculty Advisor

 Date

The fields below should be completed by the IRB Administrator

Mod. Request Form received on:

Explanation attached? YES NO

Review completed on:

Approval granted on: