



Institutional Review Board

LOG NUMBER _____
REVIEW DATE _____
LEVEL _____

CHANGE-IN-PROTOCOL FORM

Instructions:

- Complete this form according to the following outline. (**Hand written forms will not be accepted.**)
- Submit the signed form to the Office of Academic Affairs.

Principal Investigator _____ Phone Number _____

Correspondence Address _____ Email _____

Department _____ Campus _____ Faculty Rank/Student Status _____

Project Title _____

Type of Project: FACULTY RESEARCH ____
 STUDENT DIRECTED RESEARCH
 Thesis ____ Dissertation ____ Other ____ (Specify: _____)
 Course Requirement: 16 week ____ 8/9 week ____ (course #: _____)

Duration of Project: Starting Date _____ (**but not before written approval is obtained.**)

Expected End Date _____

_____ Principal Investigator	_____ Date	_____ Faculty Advisor (if necessary)	_____ Date
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 Minor Changes. (e.g., adding non-vulnerable subjects, change of location, deleting something) Provide a detailed summary, describing all changes.

Significant Changes. (e.g., change in procedures, adding something, changing consent form, adding vulnerable populations, etc.) Provide a detailed summary, describing all changes, as well as new/revised forms.

REVIEWER(S)

Primary Reviewer (Level I) Date

Co-Reviewer (Level II) Date

Chairperson, IRB (Level III or Minor Changes) Date

ACTION TAKEN:

Approved Contingent Disapproved

Approved Contingent Disapproved

Approved Contingent Disapproved

Comments or Contingencies, see attached

Periodic Review Due: _____

End-of-Project Due: _____