



IRB – Modification Request

Investigator Information:						
Principal Investigator: (name of person submitting application)						
Project Title:						
Date Submitted:						
E-mail Address:						
Telephone Number:						
Academic Division:						
Department:						
Relationship to University		Faculty		Student		Staff

*** Note: No changes in the research may be implemented without prior IRB approval.**

Modification:	
Describe the Modification: Describe the requested change(s) and clearly reference materials submitted with this form. Provide a clear rationale for the proposed change(s).	

Effects of the Modification:	
Will the modification affect the risks or benefits to subjects?	
Will the modification require a change in the consent process or form? If yes, attach a copy of the revised consent form.	

Signatures:	
Principal Investigator's Signature:	
Date:	
Faculty Advisor's Name:	
Faculty Advisor's Signature:	
Date:	