

Request for Change in Research Protocol Involving Human Subjects

Fitchburg State University

Institutional Review Board (IRB)

Request for Change in Research Protocol Involving Human Subjects

Instructions

Complete all required fields. Fields marked with an asterisk (*) are required. Type your responses on the lines/in the space provided. Attach any updated or new documents referenced.

Section 1: Applicant Information

- Principal Investigator (PI) *

Full Name: _____

Phone Number: _____

Email Address: _____

- Faculty Advisor (if PI is a student)

Full Name: _____

Phone Number: _____

Email Address: _____

Section 2: Project Information

Project Title *

Project Type * (Select one)

____ Exempt

____ Expedited

____ Full Review

Project Period *

Start Date (MM/DD/YYYY): _____

End Date (MM/DD/YYYY): _____

Section 3: Proposed Changes

Description of Proposed Changes *

Section 4: Justification for Changes

Reason for Proposed Changes *

Section 5: Title II/ADA Compliance

Verification *

____ By checking here, we verify that all digital content submitted is designed to comply with Title II of the Americans with Disabilities Act.

Section 6: Signatures

Primary Researcher Certification *

I certify that the information provided is accurate and complete.

Signature: _____

Printed Name: _____

Date (MM/DD/YYYY): _____

Faculty Advisor Certification (if applicable)

I have reviewed and approve the proposed changes.

Signature: _____

Printed Name: _____

Date (MM/DD/YYYY): _____