# **Form to Request Changes to Approved Research Project**

**CURRENT DATE:**

**PROJECT TITLE**:

**PROJECT NUMBER:**

**PRINCIPLE INVESTIGATOR**:

Name:

Department:

Degrees:

Campus Mailing Address:

Campus Phone:

E-mail Address:

**CO/SUB-INVESTIGATORS NAMES:**

**DATE OF IRB APPROVAL**:

**REQUESTED CHANGE** (Including changes to Personnel, Sample composition, Participant Recruitment, Data collection sites, Procedures, etc.)

**PREVIOUS PROTOCOL:**

**CHANGE IN RISK:**

**If the protocol modification impacts the consent form, scripts, data collection form, or questionnaire, please attach the approved form and the revised form with the changes highlighted through out.**