



Originally Issued: September 6, 2016
Reviewed: January 2019

**Certification for Project Changes
for Research Involving Human Subjects**

Project Title

IRB Number:

Faculty/Staff Investigator

Name: .

Department/College:

Phone Number:

Email:

Student Investigator, If applicable:

Name:

Department/College:

Phone Number:

Email:

Project Status:

A = Active – Project ongoing

Changes are planned. Please complete the section below.

Notification of Changes: Please check the appropriate boxes below and provide additional information where appropriate (e.g. new title, new PI, description of changes, etc.)

- A. Change the project title**
- B. Change(s) of principal or co-principal investigator(s), or other collaborators.**
- C. Change(s) to project which will effect participation of human subjects**
- D. Change(s) to informed consent forms and/or assent form(s)**
- E. Additional locations for conducting project**
- F. Unexpected risks to subjects, please give details**
- G. Other (please explain: i.e., unanticipated problems/adverse events)**



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The primary principal investigator must sign this form.

X

Principal Investigator or Student

Date

X

Faculty/Faculty Advisor

Date

IRB Use Only

- Continuation of Research Approved (no modifications)
- Continuation of Research Approved (with the following modifications) (Explain)
- Continuation of Research Suspended or Terminated (Explain)
(IRB Administrator will complete the Project Termination/Suspension Form)

Next Review Date (if applicable):

X

IRB Administrator

Date

cc Provost/Vice President for Academic Affairs
Principal Investigator
IRB Committee Chair