

Change of Approved Protocol

Name of Researcher: **Please place answer here.**

Date: **Please place answer here.**

GWU ID#: **Please place answer here.**

Department or School research is originating from: **Please place answer here..**

Name of Faculty Sponsor (if student research): **Please place answer here.**

Title of Project: **Please place answer here.**

IRB File Number: **Please place answer here.**

Original Expiration Date: **Please place answer here.**

Proposed changes to original study. Please include the item number from the original application where changes are occurring. Include the reason for proposed changes: **Please place answer here.**

Have any additional risks to the research subjects been identified as a result of the changes listed above? If yes, please detail below: **Please place answer here.**

 

Additional risk to research subjects: **Please place answer here.**

What is the anticipated date of completion for this study? Please be aware that the original expiration date of your study remains unchanged. Requests for an extension beyond the original expiration date require the completion of the *Request for Continuance of Approved Research* form, which can be found on the Gardner-Webb University IRB webpage. **Please place answer here.**

Student and Faculty signatures are required

Student signature Date

Faculty Researcher/Advisor signature Date

IRB Institutional Administrator signature Date