



GARDNER-WEBB UNIVERSITY
INSTITUTIONAL REVIEW BOARD

REQUEST FOR CONTINUANCE OF APPROVED RESEARCH

Title of Research

Student Researcher Name

ID#

Faculty Researcher/Advisor Name

Department/School/Program Name

Original Expiration Date

(Research projects that have expired prior to request for continuance will not be considered for continuance. A new IRB Application for Research may be submitted.)

Date of Continuance Request

Please state reasons for this request for continuance of approved research.

Have there been any changes in student or faculty researcher? YES NO

If so, provide current names and explain any changes.

Have there been any changes to the original research protocol? YES NO

If so, describe.

Have there been any problems/complaints related to participants in this study since the last IRB review? YES NO

If so, please describe the problems/complaints and how you resolved the issues.

Have any additional risks to the research subjects been identified since the submission of the original protocol? YES NO

If so, please describe.

What is the anticipated date of completion for this study?

Signature of Student Researcher _____

Signature of Faculty Researcher/Advisor _____

Signature of IRB Institutional Administrator _____

Please submit the completed form to the IRB Institutional Administrator at irb@gardner-webb.edu