

**Rowan University
INSTITUTIONAL REVIEW BOARD
FOR THE PROTECTION OF HUMAN SUBJECTS (IRB)**

Request for Revision to Approved Protocol

Principal Investigator: _____

E-mail: _____

Project Title: _____

Faculty Advisor (If student is PI): _____

Department: _____

IRB Protocol #: _____

IRB Number: _____

Original Approval Date: _____

Describe the changes to the protocol (use additional page if needed):

CERTIFICATIONS: I will continue to observe the ethical guidelines and regulations regarding the protection of human subjects from research risks and will continue to adhere to the policies and procedures of the Rowan University Institutional Review Board.

SIGNATURES:

Principal Investigator

Date

Faculty Advisor (if PI is student)

Date

FOR IRB USE ONLY:

Date Received: _____ Status: Approved _____ Rejected _____
(Date) (Date)

IRB Authorized Signature: _____