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 _____________

(createdAt)              (updatedAt)

IRB Authorized Signature: ___________________________________________________________