

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

Request for Revision to Approved Protocol

Principal Investigator:

Project Title:

Faculty Advisor (If student is PI):

Department:

IRB Protocol #:

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: _____