**FORM C: AMENDMENTS/MODIFICATIONS TO RESEARCH PROPOSALS**

\*\*DO NOT LEAVE ANY FIELDS BLANK. IF NOT APPLICABLE, TYPLE “N/A”.

Date: \_\_\_\_\_\_\_\_\_\_

IRB Number: \_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Type of Amendment/Modification** (*Check all appropriate boxes*) | |
| **Requesting extension on approved research dates** (*Describe below*)  **Amendment** (*Attach supporting documentation with changes highlighted in yellow or with track changes on; attach clean versions with no markups/highlighting.)*  **New Procedures**  (*Describe any change in risks and benefits.*)    **Consent Change** (*Attach with changes highlighted in yellow or with track changes on; attach clean versions with no markups/highlighting.)* | **Change in Funding**  **Change in Investigators/Advisors**  (*Include role and contact information*)  Add investigator(s)/advisor    Delete investigator(s)/advisor  **Change of Site** (*Include site permission/approval*)  **Other** (*Describe below*) |
| **Explanation and Rationale:** (*Use additional pages if necessary*)  Fully describe all changes to be made in this protocol. If adding/removing investigators/advisors, provide their SU email address and verify that CITI certificates are current and valid. | |

My electronic signature certifies that all research conducted pursuant to this application will be conducted in compliance with all applicable Shenandoah University policies and Federal and State regulations.

Electronic signatures from PIs and co-PIs are **REQUIRED** before amendments can be approved.