

Application for an Extension of IRB Approval on a Research Project

Send to the IRB, Office of Institutional Research, Butler 24.

Note: This form is to be completed by the researcher (and his/her advisor, if appropriate) in order to receive an extension if the project is delayed beyond the dates specified in the original proposal approved by the IRB.

1. Primary Investigator:

2. Advisor:

3. a. Title of Research:

b. IRB number of Research:

4. *Check one:* ___ Faculty/Staff ___ Student ___ Other (*please specify*);

5. a. Date of last IRB approval:

b. Level of review (*please circle*): exempt / expedited / full

6. Address:

7. Phone:

8. Email:

9. What was the original projected completion date?

10. What was the date specified for destroying the data?

11. Are you still gathering data for this project _____ or analyzing data _____ for this research?

Please answer questions 12-14 on a separate sheet if necessary:

12. Since your last IRB review, have there been any problems that have arisen as a result of the research? If so, please explain.

13. Since your last IRB review, have you modified your protocol or procedures or research project in any way? If yes, please explain the modification and the steps you have taken to minimize risk to subjects.

14. Since your last IRB review, have you modified your consent form in any way? If so, please explain the modification and the steps you have taken to insure that subject participation is both voluntary and confidential. Please enclose the new consent form.

15. If you have a new script for the interview, please enclose it.

16. New anticipated date for completion of the project:

17. Revised date for destroying the raw data:

Signature: _____ Date: _____

Advisor or Department Chair: _____ Date: _____

***Brief Application for Annual Review of Continuing Classroom Research Projects
(Expedited or Exempt Reviews Only)***

Send to the IRB, Office of Institutional Research, Butler 24.

1. Primary Investigator/Faculty/Staff member in charge of the Classroom Research project(s):

2. Title and IRB number of research: _____

3. *Check one:* ____ Faculty ____ Staff

4. Date of last IRB approval: Must be within one year

5. Address: _____

6. Phone: _____

7. Email: _____

Please answer the following questions on a separate sheet:

8. Briefly describe the classroom project(s):
9. Has the assignment or classroom project changed since it was last approved by the IRB?
10. Is the faculty member/staff member now involved with the project different from the person who originally obtained IRB approval?
11. Since your last IRB review, have there been any problems, which have arisen as a result of the research? If so, please explain.
12. Since your last IRB review, have you modified your protocol or procedures in any way? If yes, please explain the modification and the steps you have taken to minimize risk to subjects.
13. Since your last IRB review, have you modified your consent form in any way? If so, please explain the modification and the steps you have taken to insure that subject participation is voluntary and confidential.
14. If this course has multiple instructors, all should sign below.

Signature: _____ Date: _____

IRB Chair Signature: _____

Please enclose a copy of the consent form used in your course.

Note: This form is to be submitted every year for continuing classroom research projects and whenever an instructor changes in a course taught by more than one faculty member. If a new instructor takes over the course in its entirety, a new IRB application must be submitted.