**Request for Extension/ Modification**

If your current CHRS Approval will have modifications **and** expire within the next month of submitting this form please choose Extension with Changes. Attach copy of current CHRS Approval.

**Extension with no changes  Extension with Changes  Modification**

**Section 1: P.I. Information**

**Project Title:**

**CHRS#:**

**Principle Investigator(s):**      

**Title:**  Undergraduate Student Graduate Student  Faculty  Staff

Other:

**Email:**       **Phone:**

**Faculty Sponsor (if applicable):**

**Title:**

**Email:**       **Phone:**

**College/ School/ Agency/ Affiliation:**

College of Liberal Arts and Social Sciences College of Natural and Applied Sciences

School of Business and Public Administration School of Education

School of Engineering School of Nursing and Health Sciences

Other:

**Section 2: Summary of Research**

**1.) Will your request contain any modifications?** **Yes**  **No**

If Yes, please answer questions 2 -6.

If No, answer question 2 only.

**2.) Give a summary of your progress to date.**

**3.) Please select ALL categories of amendment(s) you are requesting.**

Change in study title

Change in principal investigator

Addition of/ change in research personnel

Addition of/ change in funding source

Change of research/ study design, methods, or procedures

Addition of/ change to study of population

Addition of/ change to survey, questionnaire, or research instruments – *attach survey, questionnaire, or research instruments*

Addition of/change to the identifiers collected in the study, or any others that would impact the privacy and confidentiality of the study participants

Addition of/change to informed consent/assent document(s) and/or procedures – *attach all related documents*

Other changes

**4.) Please describe in detail the changes you are proposing.**

**5.) Please state the reasons you are making amendments to the study.**

**6) Will the proposed changes have an impact on the risks or benefits to research participants?** **Yes** **No**

If Yes, please explain.

**Section 3: Certification of Review**

I certify that all required components are present. I also agree to the following:

1.) The research design conforms to discipline standards.

2.) The application is complete, accurate, and coherent.

3.) No substantial misspelling of other APA-style errors mar the application.

4.) I have thoroughly reviewed this document, and it has my full support.

**Name of Principle Investigator Date**

**Signature of Principle Investigator**

**Name of advisor Date**

**Signature of Advisor** *(for Students only)*