 Berry College

Institutional Review Board for Human Subjects Research

*Application for Modification of an Active Protocol*

To: Berry College IRB

From: (PI Name)

(Department)

(Phone)

**Title of Research Project:** Click here to enter text.

**Protocol Number:** Click here to enter text.

**Previous Review Type:** ExemptExpeditedFull Board

**Proposed Modification:**

Click here to enter text.

**Reason for Modification:**

Click here to enter text.

**Signature of PI:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Faculty Sponsor (**if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date: \_\_\_\_\_\_\_\_\_\_\_\_**

Approved Not Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRB Chair

*Please submit* ***two typed, signed originals*** *to*

*the Berry College Institutional Review Board, Campus Box 495006, or McAllister, 219*