**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)*