



OAKLAND CITY UNIVERSITY
INSTITUTIONAL REVIEW BOARD

REQUEST FOR MODIFICATION / AMENDMENT

RESEARCH PROJECT

Project Title:	
OCU IRB Number	

PRINCIPAL INVESTIGATOR [OCU Faculty, staff, or associated parties only.]

Name (Last, First):		Phone:	
OCU E-mail:		Department:	

CO-INVESTIGATOR [OCU Faculty/staff are co-leading the research project.]

Name (Last, First):		Phone:	
OCU E-mail:		Department:	

STUDENT RESEARCHER [OCU student information if the research is a student-initiated study.]

Name (Last, First):		Phone:	
OCU E-mail:		Department (in which the student is studying):	

FACULTY SPONSOR(S) [Student-initiated studies require an OCU faculty sponsor.]

Name (Last, First):		Phone:	
OCU E-mail:		Department:	

MODIFICATIONS / AMENDMENTS

1. Does this modification/amendment increase risks or decrease benefits to research participants?

Yes No

2. Which of the following are changing?

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Funding | <input type="checkbox"/> Risks or Benefits | <input type="checkbox"/> Personnel |
| <input type="checkbox"/> Subjects / Number of Subjects | <input type="checkbox"/> Methods / Procedures | <input type="checkbox"/> Consent |
| <input type="checkbox"/> Interviews / Surveys / Tests | <input type="checkbox"/> Data Security | <input type="checkbox"/> Other |

3. Describe all proposed changes:

SIGNATURES

The undersigned accept(s) responsibility for the study, including adherence to federal, state and OCU policies regarding the rights and welfare of human participants participating in this study. In the case of student researchers, the faculty sponsor(s) and the student share responsibility for adherence to policies.

Signature of Principal Investigator (if applicable) Date

Signature of Co-Investigator (if applicable) Date

Signature of Student Researcher (if applicable) Date

Signature of Faculty Sponsor Date
(required for student research studies)

INSTITUTIONAL RESEARCH BOARD APPROVAL

The modification or amendment described above has been approved by the OCU Institutional Review Board.

IRB Representative / Administrator Date