

**VITERBO UNIVERSITY
REQUEST FOR CHANGE IN PROTOCOL FOR
RESEARCH INVOLVING HUMAN PARTICIPANTS**

Name of primary researcher: _____ Dept/Program: _____
(contact)

Campus address: _____ Phone: _____

Project title: _____

Project dates: from ____/____/____ to ____/____/____

Description of proposed changes (attach additional pages and revised consent forms if needed.)

Justification for proposed changes (attach additional pages if needed.)

Primary researcher's printed name Department/Program

Primary researcher's signature Date

For student research:

Faculty research advisor's printed name Department/Program

Faculty research advisor's signature Date

Committee use only:

Date received by IRB: _____ Date approved by IRB: _____