REQUEST FOR TIME EXTENSION, ANNUAL UPDATE, OR MODIFICATION TO RESEARCH PROTOCOL

This form should be submitted, along with any applicable supplemental material, to the Institutional Review Board for Treatment of Human Subjects **at least 30 days before the original end date. This form must be typed.**

IRB use only. Received _____	Approved by _____
Date Approved _____	Revised end date _____

1. Name of Principal Investigator(s) (Individual(s) administering the procedures):

2. Departmental Affiliation: _____

3. Person to whom notification should be sent: _____
   Mailing Address: _____

   Telephone: _____ Email address: _____

4. Title of Project:

5. Protocol identification number: _____
6. This is: _____ a time extension _____ an annual update _____ a modification

7. Time period for which you are requesting approval (maximum one year): from _____ to _____.
   If the research project extends past the end date requested, you will need to submit a request for a time extension or an annual update.

8. Provide justification for a time extension:

9. If this is an annual update, please provide a brief progress report of research project:

10. If this is a modification to your original protocol, please provide specific details as to the nature of the modification, including if applicable a description of proposed subjects, how subjects are selected, changes to survey instruments, changes in proposed procedures, or changes in possible risks to subjects. Please be specific. You must attach copies of any survey instruments if they have changed from the original. *Attach additional sheet if necessary.*

11. If applicable, attach a copy of your modified informed consent document, as it will be used for your subjects.

INVESTIGATOR'S ASSURANCE: I certify that the information provided in this request is complete and accurate. I understand that as Principal Investigator I have ultimate responsibility for the protection of the rights and welfare of human subjects and the ethical conduct of this research protocol. I agree to comply with all policies and procedures of Cloud County Community College, as well as with all applicable federal, state, and local laws regarding the protection of human subjects in research, including, but not limited to, the following:

- The project will be performed by qualified personnel according to the research protocol,
- I will maintain a copy of all questionnaires, survey instruments, interview questions, data collection instruments, and information sheets for human subjects,
- I will promptly request approval from the IRB if any changes are made to the research protocol,
- I will report any adverse events that occur during the course of conducting the research to the IRB within 10 working days of the date of occurrence.

_____ _____

Signature of Principal Investigator Date

FACULTY ADVISOR'S/INSTRUCTOR'S ASSURANCE: By my signature on this research application, I certify that the student investigator is knowledgeable about the regulations and policies governing research with human subjects and has sufficient training and experience to conduct this particular study in accord with the approved protocol. In addition,

- I agree to meet with the student investigator on a regular basis to monitor study progress,
- Should problems arise during the course of this study, I agree to be available, personally, to supervise the principal investigator in solving them,
- I understand that as the faculty advisor/instructor on this project, I will be responsible for the performance of this research project.

_____ _____

Faculty advisor/instructor on project (if applicable) Date