**EARLHAM COLLEGE**

**Research Change/Continuation Form**

If your research has already been approved by the IRB, this form should be used to make changes or updates.

**Principal Investigator(s):** Click here to enter text.

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

**IRB # (the name of your approved document, e.g., 1617-e037):** Click here to enter text.

**This research received (choose one):**

Full IRB Approval [ ]

Expedited IRB Approval [ ]

Exempt IRB Approval [ ]

**Please indicate and explain the type of Change/Continuation you are requesting.**

|  |  |
| --- | --- |
| [ ]  | I would like to make minor changes to previously approved research, such as materials, data collection methods, or recruitment techniques. |
| *Explanation:* Click here to enter text. |
| [ ]  | I would like to engage in follow-up research with existing participants. My new questions are attached. |
| *Explanation:* Click here to enter text. |
| [ ]  | I would like to enroll the following number more participants than originally planned. |
| *Explanation:* Click here to enter text. |
| [ ]  | I would like to collect data from a different source of participants (described below).  |
| *Explanation:* Click here to enter text. |
| [ ]  | I would like to extend an approved IRB proposal past the original expiration date.  |
| *Explanation:* Click here to enter text. |
| [ ]  | I would like to make some other change that is not included in any of the above categories.  |
| *Explanation:* Click here to enter text. |