

Principal Investigator: \_\_\_\_\_ Study Protocol Number: \_\_\_\_\_



**AMENDMENT TO APPROVED STUDY  
Institutional Review Board**

**Principal Investigator**

1. Principal Investigator:
  - a. Full name: \_\_\_\_\_
  - b. University department, program, and position: \_\_\_\_\_
  - c. Email address: \_\_\_\_\_
  - d. Phone number: \_\_\_\_\_
2. Co-Principal Investigator (if applicable):
  - a. Full name: \_\_\_\_\_
  - b. University department, program, and position: \_\_\_\_\_
  - c. Email address: \_\_\_\_\_
  - d. Phone number: \_\_\_\_\_
3. Submission Category (please check one):  
☐ Exempt  
☐ Expedite  
☐ Full Review

**Research Study Amendment**

1. Title of study:
2. Full description of the research, its objectives, methods, and what subjects will be asked to do.
3. Dates for conducting study:

Principal Investigator: \_\_\_\_\_ Study Protocol Number: \_\_\_\_\_

4. Site(s) of study:

5. Full description of the proposed change:

6. Description of the population/ subjects participating in the research study and how they would be impacted.

7. Description of what subjects will be asked to do:

8. Description of risks and benefits of proposed change:

9. Supporting documents and instruments (blank copies of actual materials to be used, including surveys, questionnaires, subject recruitment materials, announcements, etc.).

Yes: ☐ No: ☐

Signature of principal investigator \_\_\_\_\_

Date of signature \_\_\_\_\_

If the PI is a student:

Signature of supervising professor \_\_\_\_\_

Date of signature \_\_\_\_\_

- Submit an electronic copy of the amendment saved as **7 Lastname Amendment** to the Judson University IRB chair at [irbchair@judsonu.edu](mailto:irbchair@judsonu.edu).

Signature of IRB Chair \_\_\_\_\_

Date of signature \_\_\_\_\_