

NEUMANN UNIVERSITY
Aston, Pennsylvania
Request for Review of Change in Research Protocol

Proposal ID No.: _____ **Date:** _____

Date of original submission: _____

1. Principal Investigator:

Name

Address

Additional Investigators(s):

Name

Name

2. Title of Research Project: _____

3. Other Institution(s) requiring review of this proposal:

Name

Address

4. Request for review of change in:

Sampling design;

Experimental design;

Other.

(Attach explanation for changes and description of changes.)

5. Certification:

Principal Investigator Date

Investigator Date

Investigator Date

Department Chair or Program Coordinator Date

Division Chair Date

Additional sheets attached; this is sheet 1 of _____