

NEUMANN UNIVERSITY
Aston, Pennsylvania

Request for Review of Change in Research Protocol

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

Date of original submission: _____

1. Title of Research Project: _____

2. Principal Investigator:

Name Address

Additional Investigator(s):

Name Name

3. Other Institution(s) requiring re-approval of this research:

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 _____