

**ADMINISTRATIVE PROCEDURE**



**REQUEST FOR APPROVAL OF A REVISION OR MODIFICATION TO AN ONGOING APPLICATION TO CONDUCT RESEARCH**

*If you have questions about, or require assistance with the completion of this form, please contact the Research Recording Secretary for the DSBN Educational Research Committee at 905-641-1550. Once complete, please return this form with all accompanying material to the Research Recording Secretary for the DSBN Educational Research Committee, c/o Education Centre, 191 Carlton Street, St. Catharines, ON, L2P 7P4.*

**GENERAL INFORMATION**

1. Title of the Research Project: \_\_\_\_\_

2. Researcher: \_\_\_\_\_

Institution and Department: \_\_\_\_\_

Professor/Sponsor {if applicable}: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. Original Approval Date: \_\_\_\_\_

Original Anticipated Closing Date: \_\_\_\_\_

**MODIFICATIONS/REVISIONS**

1. Provide a brief description of, and explanation for, the revision(s) or modification(s) requested to your application that previously received Educational Research Committee approval. If the revision(s) is (are) to a questionnaire or interview protocol with previous approval, submit the entire document and highlight the sections that are revised or added. A complete copy of any new measure(s) or scale(s) must be attached for ethics review.

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**MODIFICATIONS/REVISIONS (cont'd)**

2. Do the revised procedures outlined above require any change(s) to the Informed Letter/Consent Form currently in use and that previously received Educational Research Committee approval?

- Yes       No

If yes, briefly describe these changes. Attach a copy of the revised Information Letter/Consent Form and highlight the revised sections.

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**SIGNATURES**

I/We respectfully request Educational Research Committee approval of the modifications/revisions described above. All modified documents and procedures have been submitted for Educational Research Committee review and approval.

Signature of Researcher: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Professor/Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

The Modification Request, as described above, to an ongoing project has been reviewed and received Educational Research Committee approval.

Chair, Research Review Committee: \_\_\_\_\_ Date: \_\_\_\_\_