

MOUNT WACHUSETT COMMUNITY COLLEGE

**REQUEST FOR CHANGE IN PROTOCOL FOR
RESEARCH INVOLVING THE USE OF HUMAN
SUBJECTS**

Name of contact person: _____ Dept. / Program: _____

Address: _____ Phone: _____

Project title: _____

Project dates: from ___ / ___ / ___ to ___ / ___ / ___

Description of proposed changes (attach additional pages and revised consent forms if needed):

Justification for proposed changes (attach additional pages if needed):

Primary researcher's printed name Department/Program

Primary researcher's signature Date

For Student Research:

Faculty research advisor's printed name Department/Program

Faculty research advisor's signature Date

Committee use only: IRB project number: _____
Date received by IRB: _____ Date approved by IRB: _____