**Appendix B**

**SCCCD REVIEW OF RESEARCH
FOR THE PROTECTION OF HUMAN SUBJECTS**

 **PROTOCOL MODIFICATION FORM**

**Project Information**

**Project Title:**

**Principal Investigator:**

**Organization or Department:**

**Phone:**       **E-mail:**       **(all correspondence will be with the principal investigator)**

**Co-investigator(s):**

**Estimated Start Date:** Click here to enter a date.

**Note: This date should follow IRG review. Please allow at least 10 days for exempt or expedited reviews. Protocols requiring approval from full board will be reviewed at our next meeting.**

**Estimated Completion Date:** Click here to enter a date.

**Note: Projects continuing for longer than one year will require an Annual Progress Report.**

**Protocol Modification**

**Please describe all modifications you will be making to your protocol including the addition or removal of investigators, changes in participant recruitment, etc.**

**Signature(s)**

Signing this document indicates that you have read and are familiar with the research protocol described above.

**Name and Signature of Principal Investigator: Signature(s) Date(s)**

1.       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**Name(s) and Signature(s) of Co-Investigator(s):**

2.       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

3.       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**Submission Instructions**

For electronic submissions:

* Email a PDF of the entire proposal to the college/district researcher via email. The proposal must be sent as one complete document, must include all relevant forms, and must be signed by all investigators involved.

For paper submissions:

* Mail the entire proposal to the college researcher. The proposal must include all relevant forms and must be signed by all investigators involved.