# Human Research Ethics Board - Trinity Western University

# Request for Continuing Approval or Amendment

HREB File No.**:**

|  |  |
| --- | --- |
| **Principal/Co-Investigator:** | **Phone:**      -     - |
| **Department:** | **Email:** |
| **Project Title:** | |

**You are:**  Faculty  Staff  Undergraduate Student  Graduate Student  Research Fellow

***If you are a student or research fellow:***

|  |  |
| --- | --- |
| **Name of Supervisor:** | **Phone:**      -     -      ext. |
| **Department:** | **Email:** |

Applying for:  Continuing Approval  Amendment

Have there been changes in the study design?  Yes  No

If the answer is **YES**, attach details of the changes along with a brief synopsis of the progress to date with emphasis on any problems encountered during the collection of data. Submit copies of revised consent forms, questionnaires, tests etc.

If the answer is **NO**, submit a brief synopsis of the progress to date with an emphasis on any problems encountered during the collection of data.

Has there been a change/addition in the source of funding related to the project?  Yes  No

If the answer is **YES**, please provide information about funding change and/or addition, e.g., new grant

**Signatures**

DISCLAIMER: By typing your name below, you are signing this application electronically. You agree that your electronic signature on this application is equivalent to your manual signature.

Your signature indicates that you agree to abide by all policies, procedures, regulations, and laws governing the ethical conduct of research on humans. Guidelines may be found on the TWU website.

Principal Investigator Date

Student/Research Fellow’s Supervisor Date

Chair/Director Date

**For HREB Use Only**

HREB Chair or alternate Date of approval