# Human Research Ethics Board - Trinity Western University

# Request for Continuing Approval or Amendment

 HREB File No.:

 Date Received by HREB:

|  |  |
| --- | --- |
| **Principal Investigator:**        | **Phone:**      -     -       |
| **Department:**        | **Email:**        |
| **Address:**        |

 (Street Address or PO Box, City, Province, Postal Code)

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

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

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

 (Campus Office Location)

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.

**Signatures**

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’s Supervisor Date

Chair/Director Date

**For HREB Use Only**

Signature of HREB Chair or alternate: Date of review: