For Official Use Only

Protocol Log # --

California State University, Stanislaus Institutional Review Board **Protocol Renewal Form**

Office of Research and Sponsored Programs, MSR 160

Telephone: (209) 667-3493 Email: IRBAdmin@csustan.edu

 **Applicant Information**

Principal Investigator

Co- Investigator(s)

Department Faculty Sponsor

Address

City State Zip Code

Email Phone Number

Title of Project

Previous Protocol Number

Master's Thesis/Project?  Yes  No

Doctoral Dissertation? Sponsored Program?

 Yes  No

 Yes  No

Source of Funds

#  Protocol Summary Instructions

Briefly describe your research project to date including progress made and the reasons for continuing the research. Please state whether data collection has been completed.

Have there been any procedural changes from the originally approved protocol? If yes, please explain.

Have there been any unanticipated events during the study? If yes, please explain.

**Certification and Signature**

*By submitting this protocol I certify, under the penalty of professional misconduct, the above statements are accurate and true.*

Principal Investigator Signature

Date

Faculty Sponsor Signature

*(if applicable)*

Date