## IRBlogo-m

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#  California State University, Stanislaus

Institutional Review Board

**Protocol Renewal Form**

 Office of Research & Sponsored Programs, MSR 160

 Telephone (209) 667-3493

 Email: IRBAdmin@csustan.edu

**For Official Use Only**

Protocol Log # \_\_\_\_\_\_\_\_\_ -- \_\_\_\_\_\_\_

|  |
| --- |
| Applicant Information |
| Principal Investigator |       | Co-Investigator(s) |       |
| Department |       | Faculty Sponsor |       |
| Address |       |
| City |       | State |       | Zip code |       |
| Phone | (     )       | Email |       |
| Title of Project |       |
| Previous Protocol Number |       |  |
| University Affiliation (student) | Currently enrolled [ ]  graduated/completed [ ]  |  |
| Master’s Thesis/Project?  | YES [ ]  NO [ ]  |  |
| Doctoral Dissertation?  | YES [ ]  NO [ ]  |  |
| Sponsored Project? | YES [ ]  NO [ ]  |  | Source of Funds  |       |
| Protocol Renewal Questions |
| 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? |
|  YES [ ]  NO [ ]  If yes, please explain:       |
| Have there been any unanticipated events during the study? |
|  YES [ ]  NO [ ]  If yes, please explain:       |
| Certification and Signature |
| By submitting this protocol I certify under the penalty of professional misconduct the attached statements are accurate and true.  |
| Principal Investigator Signature: |     | Date: |     |
| Faculty Sponsor Signature (if applicable): |     | Date: |     |