Institutional Research Review Board
Change of Status or Continuing Research
Please Complete and Return to: IRRBMailbox@nl.edu
National Louis University Provosts Office 122 S. Michigan Ave, Chicago, IL 60603

Name of Researcher(s): ________________________________

Name of Study: ________________________________

Original Classification of Research:  ☐ Exempt  ☐ Expedited  ☐ Full Review

Department and College: ________________________________

Advisor’s Name & Signature ________________________________
(required only for students):

IRRB Representative Name & Signature ________________________________
(required only for students):

Researcher’s Signature: ________________________________

Phone: ________________________________ E-mail: ________________________________

Date Study Originally Approved: ________________________________  Today’s Date: ________________________________

Indicate in which way(s) your Research Project has changed since the time your application was approved by checking the appropriate box(es) below. Please describe changes in detail, include relevant forms, and instruments in attachments to this application. Include samples of Informed Consent documents.

1. Essential Research Element(s) Has/Have Changed:
   ☐ The purpose of the study has changed
   ☐ Processes/procedures or instruments for data collection have changed
   ☐ Potential risks/benefits/justification have changed
   ☐ Participant demographics have changed
   ☐ Procedure and forms for informed consent have changed
   ☐ Minors and other vulnerable populations are now included in the study
   ☐ Support services made available to participants have changed
   ☐ Other __________________________________________________

2. Research Categor(ies) Has/Have Changed (Expedited or Full categories will require a review):
   ☐ Category has changed from the original Exempt, Expedited, or Full review status
   ☐ Research design or purpose has changed
   ☐ Research setting has changed
   ☐ Demographics of participants have changed
   ☐ Support services have changed
   ☐ Data source has changed
   ☐ Data collection procedures or instruments have changed
   ☐ Confidentiality of data has changed
   ☐ The purpose for data collection has changed
   ☐ Other __________________________________________________

3. An extension in Time for Data Collection is Needed: (please specify):
   Please attach updated documents (i.e.; consent forms) and a statement detailing the need for an extension.