

Application for an Extension of IRB approval on a Research Project.

Send to the IRB, c/o Norma Noonan, C.B. #107, Oren 306 A.

Note: This form is to be completed by the researcher (and his/her advisor, if appropriate) in order to receive an extension if the project is delayed beyond the dates specified in the original proposal approved by the IRB. All written documents submitted to the IRB must display college-level writing proficiency. Please attend carefully to grammar, spelling, and punctuation. Poorly written essays and inadequately organized applications will be rejected.

1. Primary Investigator: _____

2. Advisor: _____

3.a. Title of Research: _____

3 b. IRB number of Research: _____

4. Check one: ___ Faculty/Staff ___ Graduate Student ___ Undergraduate ___ Other (please specify);

5a. Date of last IRB approval: _____

5b. Level of review (please circle): exempt / expedited / full

6. Address: _____

7. Phone: _____

8. Email: _____

9. What was the original projected completion date?

10. What was the date specified for destroying the data?

11. Are you still gathering data for this project _____ or analyzing data _____ for this research?

Please answer questions 12-14 on a separate sheet if necessary:

12. Since your last IRB review, have there been any problems that have arisen as a result of the research? If so, please explain.

13. Since your last IRB review, have you modified your protocol or procedures or research project in any way? If yes, please explain the modification and the steps you have taken to minimize risk to subjects.

14. Since your last IRB review, have you modified your consent form in any way? If so, please explain the modification and the steps you have taken to insure that subject participation is both voluntary and confidential. Please enclose the new consent form.

15. If you have a new script for the interview, please enclose it.

16. New anticipated date for completion of the project: _____

17. Revised date for destroying the raw data: _____

Signature: _____ Date: _____

Advisor or Department Chair: _____ Date: _____

Applications may be sent by mail addressed to:

Augsburg College Institutional Review Board
c/o Norma Noonan, Ph.D., chair
2211 Riverside Avenue, Campus Box 107
Minneapolis MN 55454-1351

Telephone: 612-330-1198

Hand-delivered applications should be brought to Memorial 111 (the social science office) or
The chair's office Oren 306.

Applications may not be sent by electronic mail or facsimile because the IRB original application requires original signatures of the applicant, advisor, and/or department chair and because email is not a confidential communications medium.

IRB Form Amended: 4/5/02