

Submission Instructions

Please complete this form in its entirety and submit to the Institutional Review Board (IRB) Administrator via email to IRB@rockies.edu or e-sign.

Investigator Information

First Name: _____ Last Name: _____ Student ID: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Project Title: _____ Chair: _____

IRB#: _____

Please attach and describe any intended changes to your project (e.g., change in principal investigator(s) or faculty sponsorship, change in procedure affecting risk/benefit ratio, significant change in study population or recruitment method, nature of the involvement of human participants, etc.).

Please attach and describe, as appropriate, changes to informed consent, confidentiality, or other procedures to address increased risks.

Investigator Signature: _____ Date: _____

You have provided your consent to receive documents from University of the Rockies in electronic form as part of your Online Application. For more information, please refer to the Electronic Communication section of the Catalog.

Chair Signature: _____ Date: _____

Office Use Only

IRB#: _____ At IRB: _____

Action: Approved Approved with Revisions Disapproved

Signature of IRB Chair: _____ Date: _____