

Gettysburg College -- Department of Psychology
Institutional Review Board
REQUEST FOR REVISION

Principal Investigator: _____ #: _____

Study Title: _____

1. Revision Description (check all as appropriate):

- Revision to currently approved protocol (includes methodological changes)
 Revision to currently approved consent
 Other (e.g. advertisement).

2. Check one:

- This revision does not increase risks to participants enrolled in the study.
 This revision does increase risks to participants enrolled in the study (include explanation in revision description and Department Chairperson signature is required).

3. Describe revision request:

4. Attach revised protocol and/or consent (HIGHLIGHT all revisions)

Signature of Investigator: _____ Date: _____

Approved by: _____ Date: _____