#### **ADMINISTRATIVE PROCEDURE**



**GENERAL INFORMATION** 

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## REQUEST FOR APPROVAL OF A REVISION OR MODIFICATION TO AN ONGOING APPLICATION TO CONDUCT RESEARCH

If you have questions about, or require assistance with the completion of this form, please contact the Research Recording Secretary for the Educational Research Committee at 905-641-1550. Once complete, please return this form with all accompanying material to the Research Recording Secretary for the Educational Research Committee, c/o Education Centre, 191 Carlton Street, St. Catharines, ON, L2P 7P4.

1.	Title of the Research Project:			
2.	Researcher:			
3.	Institution and Department:			
	Professor/Sponsor {if applicable}:			
	Contact Address:			
	Telephone Number:	Ext.	Fax:	
	Email Address:			
4.	Original Approval Date:			
	Original Anticipated Closing Date:			
MC	DDIFICATIONS/REVISIONS			
1.	Provide a brief description of, and explanation for, the revision(s) or modification(s) requested to your application that previously received Educational Research Committee approval. If the revision(s) is (are) to a questionnaire or interview protocol with previous approval, submit the entire document and highlight the sections that are revised or added. A complete copy of any new measure(s) or scale(s) must be attached for ethics review.			

### **ADMINISTRATIVE PROCEDURE**



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# REQUEST FOR APPROVAL OF A REVISION OR MODIFICATION TO AN ONGOING APPLICATION TO CONDUCT RESEARCH

MODIFICATIONS/REVISIONS (cont'd)				
2. Do the revised procedures outlined above require any change(s) to Parent/Guardian consent form currently in use, and that previously received Educational Research Committee approval?				
O Yes O No				
If yes, briefly describe these changes. Attach a copy of the Parent/Guardian consent form and highlight the revised sections.				
SIGNATURES				
I/We respectfully request Educational Research Committee approval of the modifications/revisions described above. All modified documents and procedures have been submitted for Educational Research Committee review and approval.				
Signature of Researcher:	Date:			
Signature of Professor/Sponsor:	Date:			
OFFICE USE ONLY				
The Modification Request, as described above, to an ongoing project has been reviewed and received for Educational Research Committee approval.				
Chair, Research Review Committee:	Date :			