Stonehill College Institutional Review Board REQUEST FOR AMENDMENT

Pr	incipal Investigator of Record:	
Fa	culty/Staff Sponsor (if applicable):	
Tit	tle of Research Protocol:	
IR	B Protocol # Date IRB A	Approval Expires:
1.	TYPE OF AMENDMENT REQUEST (Che	ck all that apply.)
NOTE: Be sure to attach the most recently approved Informed Consent form as well as the new I Consent form, if applicable, with changes highlighted or shaded.		
	Change to Subject Selection Criteria	Informed Consent Form Changes
	Subject Recruitment Methods	Personnel Changes
	Change to Data Collection Tools or Procedure	Other (please specify):
alo		quest: Email a completed and signed version of this form troupe@stonehill.edu or submit a hard copy to the Office of the oom 119.
Sig	gnature: Principal Investigator	Date:
Sig	gnature: Faculty/Staff Sponsor (if applicable)	Date:

Request for Amendment Revised 1/24/2022