

**Illinois Wesleyan University ~ Institutional Review Board
Modification Request Form**

IRB proposal title:

Principal Investigator:

Original approved IRB research dates:
[if it has been more than 3 years, please resubmit entire proposal]

I request the following modifications to the currently approved research protocol/consent form(s).
Corresponding modifications are highlighted in the attached revised copies.

Principal Investigator Signature

Date