

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

IRB Proposal Title: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Original IRB Approval Date: \_\_\_\_\_

Prior IRB Modification Approval Date(s): \_\_\_\_\_

It is understood by the Principal Investigator that this modification request does not extend the IRB approval dates. An IRB Extension Request Form or a new IRB Exempt Application or Expedited & Full Review Form must be submitted.

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

\_\_\_\_\_  
Principal Investigator Signature

\_\_\_\_\_  
Date