

**Concord University**  
**Human Subjects Review Board: Renewal Request**

**Directions: Please type or print neatly. Submit the completed renewal request to the HSRB Chair.**

Project Number: \_\_\_\_\_  
Original Approval Date: \_\_\_\_\_

1. Principal Investigator Name and Department:

\_\_\_\_\_  
\_\_\_\_\_  
Email and Telephone Number:

\_\_\_\_\_  
\_\_\_\_\_  
2. Project Title:

\_\_\_\_\_  
\_\_\_\_\_  
3. HSRB Renewal Request. Please select from the following options:

*I wish to request a one-year extension on my existing project. I certify that I have not made any substantive changes to the research design of my project.*

*I wish to request a one-year extension on my project. I will be making minimal changes detailed below: (If additional space is needed please attach details.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
4. If the principal investigator is a student, list the name, department, email, and telephone number of the faculty/staff supervisor.

Faculty/Staff Name and Department:

\_\_\_\_\_  
\_\_\_\_\_  
Email and Telephone Number:

\_\_\_\_\_  
\_\_\_\_\_  
5. The principal investigator must sign this form. If the principal investigator is a student, his or her faculty/staff supervisor must also sign this form. **Please note that by signing this form, the faculty/staff supervisor confirms knowledge AND approval of this HSRB renewal request.**

*By signing this form, I certify that: a) the information provided for this project is accurate; b) no other procedures will be used in this project; c) any modifications in this project will be submitted to the HSRB for approval prior to use.*

Principal Investigator Signature:

Date:

\_\_\_\_\_  
\_\_\_\_\_  
Faculty/Staff Supervisor Signature:

\_\_\_\_\_  
\_\_\_\_\_  
Date: