



**South Central College  
Institutional Review Board  
Changes/Modifications Application**  
Submit Form via email to [Julie.Joerg@southcentral.edu](mailto:Julie.Joerg@southcentral.edu)

Project Title: \_\_\_\_\_

Principal Investigator:  Faculty/Staff       Student       Other: \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**Modifications/Changes:** Please check the changes from the list below:

Project Title.  
*Type Details Here.*

Principle Investigator.       Co-Investigator(s).       Supervisor or Student Advisor.  
*Type Details Here.*

Location(s) for conducting the Project.  
*Type Details Here.*

Human Subject(s).  
*Type Details Here.*

Risk(s) to Human Subject(s) or Researcher(s).  
*Type Details Here.*

Others:  
*Type Details Here.*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor or Student Advisor

\_\_\_\_\_  
Date