

**Springfield College**  
**Institutional Review Board (IRB)**  
**REQUEST FOR CONTINUATION OF AN APPROVED RESEARCH PROJECT**

**Name of Principal Investigator (PI):**

**Email:**

**Name of Faculty Supervisor/Sponsor (if applicable):**

**Email:**

**Project Title:**

**A. Progress of Research:**

Data have been collected from: \_\_\_\_\_ participants

**B. Human Subjects:**

Informed Consent Forms on file:

Yes

No      If "No," please explain:

**C. Are you making any changes to your study protocol for the next year?**

No

Yes, and the changes are attached to this form.

**D. Have any adverse events occurred during the past year?**

(See <http://www.hhs.gov/ohrp/policy/AdvEvtGuid.htm#Q2> for a definition of adverse event.)

No

Yes, and the adverse event(s) consisted of:

If "Yes", describe your response to and reporting of the adverse event:

**SIGNATURES NEEDED**

---

**Researcher** (signature)

Email

Phone

---

**Faculty Supervisor** (signature)

Email

Phone

---

**Department Head/Campus Director** (signature)

---

APPLICANT: THE FOLLOWING WILL BE REVIEWED AND YOU WILL RECEIVE AN EMAIL CONFIRMING THIS APPROVAL WITHING 10 BUSINESS DAYS.

*The project described above has been approved for continuation by the Springfield College Institutional Review Board.*

---

**IRB Administrator** (signature)

Date