MCCSC Research Revision Approval Request Part One: Summary of Revisions

Principal Researcher Name:			Date:			
Phone:	Email: _					
Education level/role:	FR 🗌 SO	🔲 JR	SR	MA/MS	PhD/EdD	Faculty
Instructor/Advisor Name (if rele	vant):					
Phone:	Ema	il:				
Initial IRB Approval Date:	Initial Inter	nded Com	pletion Da	te:	_	
Updated IRB Approval Date:	Study Expir	ation Date	:	Intended C	ompletion Date:	
Updated Research Summary/S	Status Delivery t	o MCCS):			
Research Title:						•
Revisions have been made to:						
Research Subjects						
Grade Level						
Schools or Teachers						
Duration of Project						
Frequency of visits						
Objectives						
Procedures						
Materials, scripts, or other sup	oplementary mat	terials use	ed			
Summary & Rationale of Revision	ons:					

Part Two: Revised Research Synopsis

Please review all areas of your original research request, and enter any updates/changes to the items below. *Only include information in sections where changes are being made.* In the fields where you have no changes to make, please indicate "*no changes*" Attach a copy of your original request along with these revisions.

Brief Summary/Abstract:

Type (e.g., student, teacher) & Number of Subjects Wanted:
Preferred Grade Level(s):
Preferred Schools & Teachers:
Duration:
Frequency:
Objective: What do you want to find out?
Subjects:
Students Parent consent letters and signature forms and student assent letters are typically required for work with student populations.
\blacktriangleright Is a draft of the parent/guardian letter and signature form attached? Y / N / NA
➢ Is a draft of the student assent letter attached? Y / N / NA
Teachers
Other (please specify):

General Procedures: How do you intend to go about collecting the data you need?

Materials Included: Please list all the revised materials you are including/attaching to this research request here. All materials, scripts, manuals, or other supplementary instructional materials that you intend to use in connection with your research are helpful for MCCSC administrators and teachers to preview.

Summary Report: MCCSC requires researchers to provide a summary report of the research results or, in the event that a study ends prematurely, a general update/summary of research conducted.

By what date will you provide this documentation?_____

Part Three: Contract Agreement

Researcher:

I,	(<i>researcher</i>) certify that the	e research revisions outlined
in this request and all of the	e additional materials submitted have been reviewed	and approved by the
Indiana University Office of	Research Compliance (IRB). <i>I understand that if an</i>	ny additional changes are
made to the research after	r approval, I will submit for approval the updated p	protocols and new IRB
<i>approval</i> . I also understand	I that a copy of the final research product must be m	ade available to the
cooperating school corpora	ation.	
Signature:	Date:	
(Please do not use d	digital signature: a physical signature is required.)	
III Instructor/Eaculty Advi	isor: (if applicable)	
IU Instructor/Faculty Advi	isor: (if applicable)	
		v advisor to this student
I	isor: (<i>if applicable</i>) , the IU instructor or faculty arch outlined in this request.	y advisor to this student
I	, the IU instructor or faculty	y advisor to this student
I, endorse the proposed resea	, the IU instructor or faculty arch outlined in this request.	y advisor to this student
I, endorse the proposed resea Signature:	, the IU instructor or faculty arch outlined in this request.	
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