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# Ethics Modification Request Form

*Questions with* \* are mandatory

[Name:\*](https://austaff-my.sharepoint.com/personal/pdaniels_athabascau_ca/Documents/Microsoft%20Teams%20Chat%20Files/)  Click or tap here to enter text.

[Faculty:\*](https://austaff-my.sharepoint.com/personal/pdaniels_athabascau_ca/Documents/Microsoft%20Teams%20Chat%20Files/)  Click or tap here to enter text.

[Project Title:\*](https://austaff-my.sharepoint.com/personal/pdaniels_athabascau_ca/Documents/Microsoft%20Teams%20Chat%20Files/) Click or tap here to enter text.

PURE Ethics Review ID:\* Click or tap here to enter text.

1. Details of the Modification

1.1 Describe in detail the proposed modification(s). \*

Click or tap here to enter text.

1.2 Will this proposed change(s) have a significant impact on the project? \*

Choose an item.

1.3 If Yes, describe in detail the impact of the proposed modification(s), including whether the changes may increase the level of risk to participants.

Click or tap here to enter text.

1.4 Will this modification(s) affect the anticipated completion date for the project? \*

Choose an item.

1.5 If Yes, what is the proposed new completion date for the project?

Click or tap to enter a date.

2. Attachments

2.1 Please indicate all revised attachments that accompany this modification request. \*

Recruitment posters, invitations, postings, email scripts, etc.

Consent Documents (information letters, consent forms, assent forms, etc.)

Research Instruments (survey questionnaires, tests, interview scripts/outlines, etc.)

Other: Click or tap here to enter text.