**REQUEST TO REVISE Application for Critical and/or Time-Sensitive Research**

**Updated: July 24, 2020**

Please fill out this form, attach your previously approved Application for Critical and/or Time-Sensitive Research with the highlighted changes and send to your Department Head and Dean.

If your request to revise entails major changes to the nature of your work or major changes to the approved safety appendix, then please fill out a new application and submit to your Department Head for approval.

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| **Principal Investigator Information** | |
| Name: | |
| Department: | Faculty: |
| Cell Phone (for emergency contact): | Email: |
| **Title of Project or Description of Research Activity:** | |
| **Please list the detailed information below of the information which you wish to revise:** | |
| **Personnel:** | |
| **Location:** | |
| **Start or end date:** | |
| **Additional details of changed protocols:**  *Refer to RSC appendix/annex sections #1-13, identify which section is changing and a description of the revisions:* | |
| Please attach the previously approved Application for Critical and/or Time-Sensitive Research and Research Safety Protocol Appendix that specifies additional COVID-19 safety protocols and procedures that will be adopted as part of the implementation of this activity.  Please highlight any changes made. | |
| ***Approvals – please either sign or send via an email chain with all approvals.*** | |
| **Recommendation by Department Head/Director/Associate Dean (if applicable) and date approved:** | |
| **Recommendation by Building Manager (if applicable) and date approved:** | |
| **Approval by Dean (or designate) and date approved:** | |
| **Recommendation by the Research Safety Committee (RSC) and date approved:** | |