**You must have HSRC Approval before you can continue your research project after its annual expiration date. Please type your responses (Word document) or use ink (PDF) to complete this form and submit it to the HSRC chair at** <https://forms.gle/LBq7ZfjdDd2mmMM28>

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| **Primary Investigator Name:**  | **Phone No.:**  |
| **Email Address:**  | **Campus Box No.:**  | **Department:**  |
| **Title of Project:**  |
| **Funding Source/Agency:**  | **Original Period of Research Project:****From:**  **To:**   |
| **HSRC Database Number:**  | **HSRC Initial Review Date:**  |

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| **Section 1: Have you (or your research team) made any changes to the research project since it was approved by the HSRC?** [ ]  **NO - No changes made to project.**[ ]  **YES – Please check the appropriate box(es) below to tell the HSRC what has changed in your project:**[ ]  **Research personnel**[ ]  **Research procedures used**[ ]  **Informed consent documents** [ ]  **Types of human subjects participating**[ ]  **Types of data collected****The HSRC also asks that you provide a written explanation for these changes. Attach your explanation to this form and submit them to the HSRC Administrator.**  |
| **Section 2: Annual Progress Report:** Multi-year projects are initially approved by the HSRC for a 12-month period. Please attach a brief report describing your progress to the HSRC to this form. |

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| **Principal Investigator/Researcher Assurance:****As principal investigator/researcher, I hereby assure that the information I have provided on this form is correct and accurate, to the best of my knowledge.**  |
|  Signature of Principal Investigator/Researcher |  Date |
| **Faculty Advisor Assurance:****As faculty advisor, I hereby assure that the information I have provided on this form is correct and accurate, to the best of my knowledge.** |
|  Signature of Faculty Advisor |  Date |
| The fields below should be completed by the HSRC Administrator |
| Request Form received on:  | Annual Progress Report Attached? [ ]  YES [ ]  NO |
| Changes to approved protocol? [ ]  YES [ ]  NO | Review completed on: |
| Approval completed on:  | Notification Sent to PI on:  |