

Appendix H: Request for Renewal

Revised Date: 12/01/20

Submission Instructions

Please complete this form in its entirety and submit to the University of Arizona Global Campus Institutional Review Board (IRB) via email to IRB@uagc.edu or e-sign.

Principal Investigator (PI) Information

Principal (PI) Investigator: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Title of Project: _____

Doctoral Research Chair/Faculty Advisor: _____ IRB#: _____

The University of Arizona Global Campus and federal government regulations require review at least annually of all projects that are currently active.

1. Is your project still active? Yes No
2. If not active, what is the disposition of the project and the data resulting from the project? You are minded that informed consent forms are privileged institutional records and must be protected for confidentiality of information on individual participants. (Use additional pages to respond.)
3. If active, is the project proceeding as originally approved with no substantial modifications? Yes No
If no, please attach additional information regarding changes to project.
4. Has anything happened to change your estimate of risk to participants? Yes No
If yes, please attach an explanation.
5. The Institutional Review Board is required by the federal government to obtain the following information in order to approve a request for a renewal of approval and/or conduct a continuing review of a research project:
 - a. The approximate number of participants accrued.
 - b. A description of any adverse events or unanticipated problems involving risks to participants or others, withdrawal of the participants from the research, or complaints about the research.
 - c. A summary of any recent literature, findings, or other relevant information about risks associated with the research.
 - d. Copy of the current informed consent document.
6. Is this project currently funded? Yes No
If so, please indicate funding source(s) and whether a certification to an external agency will be requested.

Principal Investigator Signature: _____ Date: _____

You have provided your consent to receive documents from the University of Arizona Global Campus in electronic form as part of your Online Application. For more information, please refer to the Electronic Communication section of the Catalog.

Doctoral Research Chair/Faculty Advisor Signature: _____ Date: _____

Office Use Only

IRB#: _____ At IRB: _____

Action: Approved Approved with Revision Unapproved

IRB Chair Signature: _____ Date: _____