

## University of Limerick

## OLLS COIL LUIMNIGH

## EDUCATION & HEALTH SCIENCES RESEARCH ETHICS COMMITTEE CHAIR'S DECISION APPLICATION FORM

**Title of Project Project ID Original Approval Period** From: To: **New End Date (if** changed): **Principal Investigator Co-investigators** Which aspect(s) of your 1. Research Team project will you modify? (tick/check all that apply) 2. Research questions/hypotheses 3. Research Design 4. Population to be sampled and/or sample size 5. Recruitment procedures/pathways/materials 6. Data collection methods and/or measures 7. Study materials and/or procedures 8. Other

Research Team: List the researchers you are adding to or removing from your team.

Name	Role	Affiliation	Add	Remove





Describe the modifications to your design here. Include all modified study materials in a single				
appendix and highlight all changes.				
Signature of Principal Investigator:	Date:			
Typed Name of Principal Investigator				