

Office Use Only

Modification No: \_\_\_\_\_

APPENDIX F  
Application for Modification Approval

**Complete this form for all revisions/modifications and return 3 copies to the Office of Sponsored Programs.**

Descriptive Title of Revision:

Protocol Number

Protocol Title

PI Name

Statement of request with rationale for change

Statement of whether informed consent procedures and document need to be revised (if so, submit revised Informed Consent Form)

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Received in Office \_\_\_\_\_