Name:

Project Title:

Project Number:

Date:

**Renewal of Exemption**

**Check this box only if you previously had an exemption and would like to request a renewal of the exemption and indicate below whether there have been any changes to the protocol. Note – do not request a renewal if you have completed three (3) years of your project. You must submit a new application and close this project number.**

**You must check one of the following:**

I am requesting a continuation of the exemption with ***no changes*** to the proposal, grant and/or contract. (You may request up to two (2) continuations of exemption.) **At the end of the third year you must submit a new proposal).**

There have been ***minor changes*** to my proposal, grant and/or contract and ***I have enclosed a modification for review.*** Ex. A change to the contract award period with no change to the scope of work.

**I,**      , **have enclosed a brief summary of the research**

**Principal Investigator’s/ Researcher’s name**

**to renew the certification of exemption for this project.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Principal Investigator’s Signature Date

Continuation Approved  Continuation Denied

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair, IRB Date