

**Oklahoma City Community College  
Institutional Review Board  
Change Form**

**The purpose of this form is for the researcher to request approval from the IRB if there is any change in your initial proposal.**

Project ID #: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name of Researcher: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Title of Project: \_\_\_\_\_

Please describe in detail your proposed change including any increased risk to the participants and if so how you will be addressing this risk: \_\_\_\_\_

\_\_\_\_\_  
Thank you for participating in this process.

The Institutional Review Board will be providing you with a response as to whether you may continue your research. If the date from the last IRB approval has expired, please refrain from conducting any further research until you have received approval from the IRB.

If you have any questions, please contact Dr. Orlenthea McGowan IRB Chair at 405 682-1611 ext 7728 or email [orlenthea.s.mcgowan@occc.edu](mailto:orlenthea.s.mcgowan@occc.edu).