

FORM CD2

Request for Amendment of an Approved Course Designation

Instructions: Download and save this form on your computer. This form cannot be completed online. Please use Adobe Acrobat Pro to complete this form. For detailed instructions, please refer to the Form CD2 Guidelines.

Date of Submission	Protocol Number
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1. Course Information	
Course ID	Course Title
School	Program
Name(s) of Faculty Member(s) Delivering the Course	

2. Applicant Information		
Name	School/Affiliated Organization	
Position	Program/Department	
Mailing Address		
Email Address	Phone Number	
Signature of Applicant	Date	
Associate Dean/Dean	Position	School
Signature of Associate Dean/Dean		Date

3. Approved REB Timeframe	
Approved Start Date	Approved End Date

4. Course Description

Provide a brief description of the course, including a synopsis of the student research activities (250 words).

5. Amendment(s)

Indicate the amendment(s) that are being requested.

All new material, including tests, surveys, interview protocols, or other items used in the research process must be included with this application (see #7 – Appendices).

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|---|---|
| <input type="checkbox"/> Consent document | <input type="checkbox"/> Information letter |
| <input type="checkbox"/> Population size | <input type="checkbox"/> Population membership |
| <input type="checkbox"/> Severity of risk | <input type="checkbox"/> Nature or type of risk |
| <input type="checkbox"/> Survey questions | <input type="checkbox"/> Survey administration |
| <input type="checkbox"/> Other (specify): | |

6. Reason for Amendment(s)

Provide a complete rationale for the amendment (250 words).

7. Appendices

Provide a list of the documents that will be attached, including the title and total number of pages of each document.