Request for Amendment and Extension of BCSC Approval Form

Part I - Administrative Information

1. Protocol Information

Project Title:

Approval number:

2. Contact information

2.1. Principal Investigator (PI)
Name:

Email address:

School:

Department/Unit:

Status: Undergraduate Student ☐ Graduate Student ☐ Faculty ☐ Staff ☐

2.2. Please list current members of the research team:

Name	Email Address	NU/ Non-NU	School and Dept (If NU)	Name of organization (If Non-NU)

Part II - Study Overview

1. Please provide a lay summary of the study purpose and the general research questions/objectives.

2. Progress report since the last approval (please explain the progress of the study since the initial BCSC approval or last approval, excluding amendment approvals)

Since the last BCSC approval (excluding amendment approvals), were there any unexpected problems or accidents/incidents involving research team?

☐ Yes ☐ No

Since the last BCSC approval (excluding amendment approvals), were there any changes to your study (including study design and/or research procedures, research personnel, study location, etc.)?

☐ Yes ☐ No

3. Research activities planned for the next year

Part III – Proposed Changes to Study Design

1. Please select ALL the categories of the amendment(s) you are requesting.

☐ Change in Study Title

☐ Change in Principal Investigator

☐ Addition of/change in research personnel

☐ Addition of/change in funding source

☐ Change to research/study design, methods, or procedures

☐ Other changes. Specify

2. Change in Principal Investigator

Name:

Email address:

School:

Department/Unit:

Status: Undergraduate Student ☐ Graduate Student ☐ Faculty ☐ Staff ☐

3. Please state and describe in detail all changes to research/study design, methods, or procedures (if applicable) N/A ☐

4. Please state and describe in detail any other changes (if applicable) N/A ☐

5. Please state the reasons you are making amendments to the study.

6. Are any of these changes the result of something that occurred during the study?

☐ Yes ☐ No

Signature

This page is to be signed by the Principal Investigator. If the Principal Investigator is an undergraduate or graduate student, the faculty supervisor must also sign in the lower box.

Principal Investigator

I certify that the information I provide in this application is correct and complete. I also pledge that I will not change any of the procedures, forms, or protocols used in this study without first seeking review and approval from the Nazarbayev University Biological and Chemical Safety Committee.

☐ Attestation of Principal Investigator

_____	_____
Name / Signature of Principal Investigator	Date
_____	_____
Name / Signature of Faculty Supervisor	Date