Hello and thank you for accessing this form from the University of Maryland, Baltimore County Institutional Review Board web site.

Prior to submitting, please ensure that spelling and grammar are correct; this will assist in the timely review of this form during the IRB evaluation process. Complete all sections of the protocol application (indicate N/A in the section not applicable to your protocol). "See attached proposal" or “See the previous section” are not an acceptable responses.

Enter information by clicking the [ ]  box or typing in the **Click here to enter text.** area.

**Please go to UMBC** [**IRB website**](http://research.umbc.edu/institutional-review-board-human-subjects/) **for all up-to date guidance and information regarding the below questions.**

**Research Within a Faculty Advisor’s Approved Protocol**

Student researchers may wish to carry out research projects or studies that involve using data collected on a faculty advisor’s IRB approved protocol. Students may conduct their own lines of inquiry under a previously approved IRB protocol, provided the level of risk does not change, no additional benefits are realized by participants, and the scope of the student’s research project does not significantly differ from the parent protocol.  **Research that falls within this category can be conducted as part of an independent study, a senior thesis, master’s project or doctoral dissertation.**

Rather than burden the student researcher with completing a full application for review and approval, the IRB requests the student to complete the below Student Research Notification form. This form will assist the IRB in monitoring if the planned activities of the project are already part of a previously IRB approved protocol and/or if there will be any modifications (to risks, consent processes, use of identifiers, etc.) during the course of the research project that will change the provisions of the approved protocol.

Research Title of Thesis, Masters or Dissertation: Click here to enter text.

Name:Click here to enter text.Department:Click here to enter text.E-mail:Click here to enter text.

1) Are the planned activities of an independent study, thesis, masters or dissertation project already part of a previously IRB approved protocol?

▼If no, thank you for reviewing this form▼

▼ If yes, complete the below ▼

IRB approval number: Click here to enter text. Faculty Member’s Name: Click here to enter text.

Protocol title: Click here to enter text.

2) Will there be any modifications (to risks, consent processes, use of identifiers, etc.) planned in the course of your research project that will change the provisions of the approved protocol?

▼ If no, sign below ▼

▼ If yes, explain below ▼

Click here to enter text.

**The faculty advisor/mentor must submit a protocol modification request to the IRB for review and approval.**

**Electronically submit the protocol and any accompanying documents to** [**irbsubmissions@umbc.edu**](file:///%5C%5Csharedvol.ad.umbc.edu%5CDept%5CORA%5CHARPO%5CIRB%5Cirb%20forms%5Cirbsubmissions%40umbc.edu)**.**

By typing your name, email address and date, the investigator(s) certify they will abide by all UMBC IRB policies and procedures and understand that no research activities will be conducted with human participants prior to obtaining the required approvals.

Investigator’s Signature: Click here to enter text. Email: Click here to enter text. Date: Click here to enter a date.

Faculty Advisor's Signature: Click here to enter text. Email: Click here to enter text. . Date: Click here to enter a date.

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**IRB Action**

Originally approved as: [ ]  Exempt [ ]  Expedited [ ]  Full Board

If required, modification sent for original protocol on: Click here to enter text.

Exemption category: Click here to enter text.

Approved - IRB Chair ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(tmdr\_application) – 09/10/2015