**BCSC Protocol Amendment 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. Proposed Changes to Study Design**

2.2.1. 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 the funding source

☐ Change to research/study design, methods, or procedures (fill out 2.2.3)

☐ Other changes. Specify       (fill out 2.2.4)

2.2.2.Change in Principal Investigator

**Name**:

**Email address**:

**School**:

**Department/Unit**:

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

* + 1. Please state and describe in detail all change to research/study design, methods, or procedures (if applicable)

* + 1. Please state and describe in detail any other changes (if applicable) N/A ☐

* + 1. Please state the reasons you are making amendments to the study.

* + 1. Are any of these changes the result of something that occurred during the study?

☐ Yes ☐ No

**Part II ‐ Study Overview**

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

**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

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Name / Signature of Principal Investigator Date

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Name / Signature of Faculty Supervisor Date