



**IRB008 Re-Submission Form**

Date: \_\_\_\_\_

Proposal ID No.: \_\_\_\_\_  
(Assigned by IRB)

Gratz College  
**Re-submission of Research Proposal (IRB008)**

Date of Original Submission: \_\_\_\_\_

Request For:  Expedited Review  Full Review

1. Title of Research Proposal: \_\_\_\_\_  
\_\_\_\_\_

2. Principal Investigator: \_\_\_\_\_ Faculty Advisor (if student proposal): \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
e-mail

\_\_\_\_\_  
e-mail

Additional Investigator(s):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

3. Reason for Re-Submission:  Revision  Request for Additional Information by IRB

4. List Headings of Sections Containing Revisions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. List Headings of Sections Containing Additional Information: \_\_\_\_\_

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6. Signatures:

Principal Investigator	Date	Faculty Advisor (if student proposal)	Date
Additional Investigators			
Dean	Date	Division Chair or Program Director (if required)	Date

