

**RHODES UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE**

**PROTOCOL AMENDMENT REQUEST FORM**

Please answer all questions in the block below the question:

**Applicant’s Name:**

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|  |
| **Application Ref No:** |
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| **Application Title:** |
|  |
| **Date of Approval:** |
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**Provide details of the changes you wish you make to your research protocol:**

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| **Give reasons for why you wish to make these changes:**  |
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| **Will you be using a new / adapting an old research instrument?** (If YES, please submit the new/amended research instruments with this application.)  |
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| **If you are expanding your participant group, will you need gatekeeper permission to interact with potential participants?** (If YES, please submit a letter to prospective gatekeepers requesting permission with this application.)  |
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| Signature of Applicant: Date:  |
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