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**Central University of Technology Human Research Ethics Committee Extension of Study**

# 1. Key Information

*Principal Investigator Name and Surname:*

*Student/staff number*

*CUT HREC Approval Number:*

*Risk:*

*Year:*

*Faculty:*

*Ethics Approval Expiry Date:*

*Title of Study:*

**1. Status of Data Collection. Please tick/complete the relevant box.**

|  |  |
| --- | --- |
| *Recruitment has not commenced: Please provide reason for not having commenced recruitment* |  |
| *Recruitment commenced on (date) and is currently continuing* |  |
| Recruitment commenced on (date) and closed (date) |  |

**2. Previous Amendments/Extensions Since original approval of study?**

|  |  |
| --- | --- |
| *Yes* |  |
| *No* |  |

**If yes, please provide a summary of all previous amendments/extensions of previously approved studies.**

**3. Period of Extension of which approval is required?**

Date from which extension is required: (YYYY/MM/DD) to (YYYY/MM/DD)

**4. Please attach a summary of one page maximum for your reason of requesting an extension:**

|  |  |
| --- | --- |
| **DECLARATION:**  I declare that all details contained in this application of extension of study and attached progress report are true and accurate | |
| **Signature of PI:** |  |
| **Signature of Supervisor:** |  |
| **Date:** |  |