

PROTOCOL REVISION FORM FOR ALREADY APPROVED STUDIES

Institutional Review Board Office 02 (Social and Behavioral Research)

UFIRB NUMBER:

PROTOCOL TITLE:

CISE Course Protocol CEN 4721 / CAP 5100 Human Computer Interaction 2017

PI'S NAME:

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REVISION / AMENDMENT TO PROTOCOL

State the revision(s) you are making to the study: (If adding additional investigators, include the UFID#, Department, mailing address, and email.)

We will just give a brief introduction to the website and let the participants explore on their own. They will be set free to navigate through rather than giving them and explaining the detailed tasks.

JUSTIFICATION FOR REVISION

Provide reason / justification for this change:

We do not want the participants to be bounded with the given tasks. We wish to know how the participants perceive the website and if their intuitive guess matches our expectations.

DOES THIS CHANGE AFFECT THE FOLLOWING? PLEASE ATTACH REVISED COPY.

Informed Consent

____ Yes

___ ☒ ___ No

Questionnaire

____ Yes

___ ☒ ___ No

Flyer

____ Yes

___ ☒ ___ No

Number of Participants

____ Yes

___ ☒ ___ No

Added __0__

SIGNATURE SECTION

Principal Investigator:

Richa Sikri, Sakshi Dubey, Anushka Gupta

(Date) 03/30/17

Supervisor's Signature (If PI is student):

Richa , Sakshi
Anushka

(Date)

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Reviewer Comments:

Signature: IRB Chair		Approval Date:	
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