	AMYA POLYTECHNIC COLLEGE, INC. RESEARCH ETHICS COMMITTEE (REC)		
	APPLICATION FOR ETHICS REVIEW OF AMENDMENTS FORM	REC Form No.	
		Date of Effectivity	
		Version No.	1
		Version Date	02/12/26

General Information			
Title of the Study			
REC Code		Study Site	
Name of Researcher			
Co-researcher (if any)			
Institution		Contact Information	Tel. No.: Mobile No.: Email:
Institution Address of Institution			
Effective period of ethical clearance	From:	To:	

Procedure/provisions to be amended (Use additional sheets if necessary)	Original Procedure/Provision	Proposed Amendment/s	Justification

Signature of Researcher: _____
Date: _____