

Request for Approval to Conduct Research Activities

1. Research Project Information	
Requestor Name:	Date:
Email:	Phone Number:
Project Title:	
This research will be used as part of: Course Assignment Thesis Dissertation Other, please describe:	
2. Project Support	
Project Funding: ☐ Not Funded/Self-Supported	
External Funding (indicate source): Grant Funded	
Benefit to Northwood Technical College:	
Do you have support from Northwood Technical College List names and contact information below:	e department(s)/division: □ Yes □ No
3. Research Activities	
Which of the following activities are involved in your reserved at a complete research proposal/explanation	

 Recruiting research participants through posters, flyers, emails, phone-calls, or in-person Conducting surveys/questionnaires to be sent to students or employees via email, phone calls, or in person Conducting interviews via phone calls or in person Conducting studies on instructional strategies, pedagogies, technologies, curricula, or classroom management methods Conducting educational tests (cognitive, diagnostic, aptitude, achievement) on students or employees Collecting or studying existing data, documents, and records Creating or generating new data, documents, and records Other, please specify:
4. Research Project Details
State the goals and/or research questions this project will address.
Describe in detail what you intend to do in this research project and what resources will be required from Northwood Technical College to complete the project.
How many participants do you need for your research?
Are the participants to be recruited from the whole college or from a specific course/program/department? Please specify:
What anticipated benefit(s) or risk(s) will there be to the participants?
What is the estimated time commitment for the participants?

When do you plan to conduct your study at Northwood Technical College?			
	Start Date:	End Date:	
How	will the data be collected, s	stored, and analyzed and who will analyze the d	ata?
Signatu	ıre	Date	

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Date Received:
Notes:
College Leadership Team Review: ☐ Yes ☐ No
Date:
Notes:
College Leadership Team Review: ☐ Yes ☐ No
Date:
Notes:
Response to Requestion – Vice President of Institutional Effectiveness
Date:
Notes:

Revised 9.2021