



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 department(s)/division: Yes No

List names and contact information below:

3. Research Activities

Which of the following activities are involved in your research? Mark all that apply.
Please attach a complete research proposal/explanation of research.

- 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, stored, and analyzed and who will analyze the data?

Signature (type name)_____ Date_____

INTERNAL USE ONLY

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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: