



# Request for Approval to Conduct Research

Grossmont Cuyamaca Community College District (GCCCD)

## Project Information

Project Title: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Investigator (PI): \_\_\_\_\_

Dates of Proposed Research: \_\_\_\_\_

Brief Description of Project (attach full research proposal as well):

## Principal Investigator

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Educational Institution: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

## Faculty Advisor

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_



**Signatures**

Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Approvers**

Approval Status:      Approved                      Conditional Approval                      Declined

Approval Reason:

Associate Vice Chancellor: \_\_\_\_\_ Date: \_\_\_\_\_