|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Section D: Departmental PERMISSION FOR ACCESS TO RESOURCE(S) for Research | | | | | | | |
| *For completion by the Georgian College manager responsible for the resource(s), in consultation with relevant faculty members, technologists or other managers, as needed to inform their decision. For more information, see Appendix: Information for Managers Considering Permission to Access Georgian College Resources for Research. If more than one manager’s approval is required, please duplicate this page. Additional signature pages are also available on the* [*GCREB website*](http://www.georgiancollege.ca/researchethicsboard)*.* | | | | | | | |
| **Principal Investigator (PI) name:** | | | | Click or tap here to enter text. | | | |
| **Title of proposed research study:** | | | Click or tap here to enter text. | | | | |
| **Name of Georgian College manager completing this form:** | | | | | | Click or tap here to enter text. | |
| **Title:** | | Click or tap here to enter text. | | | | | |
| **Department:** | | Click or tap here to enter text. | | | | | |
| D.1 Please identify any changes you require to the proposed study (if any): | | | | | | | |
| **i. Changes regarding timing:** | | | | | | | |
|  | Change dates of recruitment period to: | | | | Click or tap here to enter text. | | |
|  | Change dates of data collection period to: | | | | Click or tap here to enter text. | | |
| **ii. Changes regarding class time:** | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
| **iii. Changes regarding recruitment:** | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
| **iv. Changes regarding data collection:** | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
| **v. Other changes requested:** | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
| D.2 Permission for Access to Resources for Research Status (select from list below): | | | | | | | |
| Select status. | | | | | | | |
|  | | | | | | |  |
| Manager’s signature | | | | | | | Date |

**Please forward to the Director, Institutional Research for completion of Section E.**