



## Request for Approval to Conduct Research at GCCCD

### Project Information

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

Principal Investigator: \_\_\_\_\_  
*First* *Last*

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

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

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

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

Faculty Advisor: \_\_\_\_\_  
*First* *Last*

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

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

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

Brief Description of Project (attach full research proposal):

Faculty Advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

## Approval to Conduct Research at GCCCD

Approval:  Approved  Conditionally Approved  Declined

Reason:

Chancellor \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

Approval:  Approved  Conditionally Approved  Declined

Reason:

Vice President: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

Approval:  Approved  Conditionally Approved  Declined

Reason:

President: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*