



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:

AVC (RPT): _____ Date: _____
Signature

Approval: Approved Conditionally Approved Declined

Reason:

Vice President: _____ Date: _____
Signature

Approval: Approved Conditionally Approved Declined

Reason:

President: _____ Date: _____
Signature