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| Section E: Institutional Research PERMISSION FOR ACCESS TO RESOURCE(S) for Research  *For completion by the Director, Institutional Research.* | | | | | |
| **Principal Investigator (PI) name:** | | | Click or tap here to enter text. | | |
| **Title of proposed research study:** | | | Click or tap here to enter text. | | |
| E.1 Please identify any changes you require to the proposed study (if any): | | | | | |
|  | Only the changes identified in Section D are required | | | | |
|  | Additional changes are required (see below) | | | | |
| **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. | | | | | |
| E.2 Permission for Access to Resources for Research Status (select from list below): | | | | | |
| Select status. | | | | | |
|  | | | | |  | |
| Signature of the Director of Institutional Research | | | | | Date | |

**Please return the signed form to the Principal Investigator (PI) and cc** [**Research and Innovation**](mailto:%20ResearchandInnovation@GeorgianCollege.ca)**.**

**You may share a copy with any identified Georgian College co-investigators or student investigators.**