**Appendix G - Request Permission for On-line Data Collection**

\*\*Note - You must ***submit this form*** ***to the Office of Institutional Effectiveness*** and receive approval prior to requesting approval from the Institutional Review Board.

**Project Title:** **Project #**

|  |  |  |
| --- | --- | --- |
| **Principal Investigator:** | | |
| **Mailing Address:** | | **Primary Contact Phone Number:** |
|  | | **Fax:** |
|  | | **Email:** |
| **Academic Department (if applicable):**    ***\*\*\*\*Please indicate if there is a sponsoring organization/campus office other than your academic department → → → → →*** | | **Sponsoring Department/Organization (if applicable):** |
| **Occupational Position:**  **SUNY Potsdam Faculty**  **SUNY Potsdam Staff  SUNY Potsdam Student**  **Not directly affiliated with SUNY Potsdam (explain)** | | |
| **SUNY Potsdam Institutional Review Board Application Completed**  **Yes**  **No** | **Other outside Institutional Review Board Application/s Completed**  **Yes**  **No** | |
| **Co-Investigator**  **Student**  **Staff** | **Co-Investigator  Student  Staff** | |
| **Co-Investigator  Student  Staff** | **Co-Investigator  Student  Staff** | |

***\*\*Add an additional sheet if necessary for additional staff***

**Is this research part of a course project?**  **No**  **Yes, indicate the name of the course:**

**Indicate the purpose of the study/research you are proposing:**

**Indicate the timing of the study/research you are proposing: (Implementation date and length of time needed to gather data):**

**Indicate the sample size and frequency of the number of solicitations of the study/research you are proposing:**

**Indicate population/s that you will be sampling in your study/research:**

**Indicate a rationale for the sample size of your study/research:**

**List additional characteristics of your study/research which may affect participation:**

**Submit to:**

**Judy Singh, Director of Institutional Research and Assessment at:** [**singhjr@potsdam.edu**](mailto:singhjr@potsdam.edu)

**For the Office of Institutional Effectiveness use only:**

Reviewed by:       Date:

I have reviewed this study/research proposal and recommend acceptance.

Comments:

I have reviewed this study/research proposal and recommend that it not be accepted.

Comments:

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Reviewed by the Provost Date:

Approved  Not Approved Comments: