**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 #**

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| --- |
| **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**

**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: