# Administrative Approval Form

## **Instructions**

Anyone planning to conduct research involving the collection of data from Seneca staff, faculty, students, or access to institutional data and/or resources, must obtain administrative approval to conduct the research before applying for ethical approval from the Research Ethics Board (REB). Institutional permission is intended to ensure that the research does not unreasonably interfere with Seneca’s operations. Permission may or may not be granted on the basis of the project’s costs, effort, risk, impact on members of the college, and/or impact on institutional resources. **Administrative Approval does not automatically constitute Research Ethics approval, and vice versa.**

There are three (3) sections in this application form. Please take note of the following sections:

1. Section A: General Information
2. Section B: Research Project Details
3. Section C: Signatures

## **Submission Instructions**

Please complete all applicable sections and submit your Administrative Approval Form to the Seneca Applied Research Office at research@senecacollege.ca. Only electronic versions of documents in Word or PDF format are accepted. You will receive an email acknowledgement of your submission within two (2) business days.

## **Additional Information**

Please view the “When is Ethics Approval Required?” document on Seneca’s REB website to see if your research project requires review by the REB. Research involving quality assurance and quality improvement studies, program evaluation activities and performance reviews, or testing within normal educational requirements when used exclusively for assessment, management or improvement purposes does NOT require REB review.

## **Section A: General Information**

|  |  |
| --- | --- |
| Title of Research Project: |  |
| Principal Investigator: |  |
| Is the PI a Seneca employee?  | [ ]  Yes [ ]  No |
| Organization affiliated with *(if not Seneca or in addition to Seneca):* |  |
| Email: |  |
| Phone: |  |
| Approximate Start Date: |  |
| Approximate End Date: |  |
| Is this a Multi-College Project? *If this project will only be conducted at Seneca, please select “No”*  | [ ]  Yes [ ]  No |

# **Section B: Research Project Details**

1. Please provide a description of the **main purpose** of the research study and the main objectives or aims. Include a description of the research methodology/design in the space provided.

(Enter text here)

1. Brief description of Seneca participant involvement and/or the requested Institutional data/resources: (250 word limit)

(Enter text here)

1. Process and timeline for contacting Seneca students, staff or faculty research participants:

(Enter text here)

# **Section C: Signatures**

1. **Principal Investigator’s Signature**

I certify that the information in this document is true and correct to the best of my knowledge.

Principal Investigator Signature Job Title Date

1. **Approval from Seneca Administration**

I am aware of and have approved this research project to be conducted as outlined in this document. The Principal Investigator of this study shall be granted reasonable access to the appropriate Seneca faculty, staff, students and institutional data required to complete this study.

Seneca Administrator Signature Name and Title Date