**Administrative Notification of Research Activity**

**Research Summary**

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| Title of Research Project: |  |
| Project Goals & Objectives (250 words Max.): |  |
| Summary Project Plan (250 words Max.): |  |
| Anticipated Start Date: |  |
| Anticipated End Date: |  |
| Project Lead / Principal Investigator and Contact Information: |  |
| Lead & Supporting Institutions: |  |
| Research Supervisor Name and Contact Information: |  |
| Research Funding: |  |

**Human Resource Impact**

Please indicate which department(s) at St. Clair College or group(s) of individuals will be impacted by your research activity, how will these individuals be contacted and what support you will require from each.

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| **GROUP** | **METHOD AND TIMING OF CONTACT** | **SUPPORT REQUIRED** |
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**Space Resources**

Please indicate if your research project requires any physical space on a St. Clair College campus.

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**Equipment Resources**

Please indicate if your research project requires the use of any St. Clair College equipment.

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**SOC Approval**

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| Date Submitted to SOC: | Administrative Use Only |
| SOC Decision & Date: | Administrative Use Only |