

Required Signatory Approvals

Associate Dean Name	<input type="checkbox"/> I approve <input type="checkbox"/> I do not approve Please explain:
Signature	
Date	
Research Centre Director Name <i>(if applicable)</i>	<input type="checkbox"/> I approve <input type="checkbox"/> I do not approve Please explain:
Signature	
Date	
Dean/Manager Name	<input type="checkbox"/> I support <input type="checkbox"/> I do not support Please explain:
Signature	
Date	

When completed, please forward to: research@sheridancollege.ca

Director, Research	Dr. Vicki Mowat
Signature	
Date	

Questions? Contact kelly.karius@sheridancollege.ca