Research / Scholarly Activity Approval Form

According to the UTC COVID-19 Guidelines for Research:

To protect the health and well-being of our employees, students, and the general public while fulfilling our critical educational and research mission during the national COVID-19 crisis, The University of Tennessee at Chattanooga via the Office of the Vice Chancellor for Research has adopted the following guidance concerning Research and other Scholarly Activities. Priorities of this policy are: (1) protect the health and well-being of employees, students, collaborators, and research subjects; (2) care for animals and plants grown under certain conditions; (3) maintain and protect UTC's research resources and infrastructure; and (4) support essential/critical research. Please refer to the full guidelines and carefully consider how you will ensure that all guidelines are followed by you and your research/scholarly team members.

Any in-person research/scholarly meeting, grouping, or activity involving more than 1 person using campus facilities or gathering off-campus (for field work, etc.) requires prior approval from Department Heads, College Deans/Center Directors, and the Vice Chancellor for Research. Additionally, the Lead PI / Scholarly Activity Leader must notify HR via email of any on-campus locations where activities will occur and the number of individuals involved. Please complete all fields and secure signatures (digital signatures or typed names with an accompanying email of approval are acceptable) in advance of any group activities. The VCR should be the final signatory and will retain a copy.

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PI/Activity Leader Name:
PI/Activity Leader Email:
Title or Description of Research / Scholarly Activity:
Date(s) or Date Range of Research / Scholarly Activity:
Brief Description (~250 words) of why this activity is essential or time-sensitive:

Please indicate the location/site(s) of the Research and room number if on campus; address if off care	
On-Campus:	
Off-Campus:	
Number of people (total) participating in the activi	ity:
Will all participants be participating at the same ti	ime?
Describe safety precautions and efforts to maintaindividuals (distancing methods, rotating schedul	
Signature below certifies that all UTC and Covid-1 be followed and that HR has been or will be notificactivity beginning activity.	, , , , , , , , , , , , , , , , , , ,
Signature of PI/Activity Leader	Date
Signature of Department Head	Date
Signature of College Dean/Center Director	Date
Signature of Vice Chancellor for Research	Date

Contact Information for All Participants

Name(s) and status information (e.g., faculty, staff, graduate student, undergraduate student, etc.) for each participating individual. Attach additional pages as necessary.

Name and Status:
Email (minimum) and Phone Number:
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