

Request to Renew a Scientific Research License for 2026



2025 Research License Number

Project Title

--

Primary License Holder Information (for 2026)

Name:	
Affiliation:	
Mailing Address:	
Telephone:	
Email:	

Proposed Fieldwork dates in 2026

Start Date (dd-mm-yr)	End Date (dd-mm-yr)

Team members to be included on 2026 Research License

Name	Affiliation	Role in Research

*Include an attachment with additional team members' names if necessary

Brief Description (200 words or less) of Research to be undertaken in 2026:

--

***This text will appear on the 2026 research license**

Change in Research Scope for 2026

Will you carry out new research activities in 2026, or conduct research in additional communities/field locations, that were not described in your original multi-year research license application to the NRI?

☐ Yes ☐ No

Description of Modifications/Changes in 2026

Proposed change(s). Select all that apply:

- | | | |
|--|--|---|
| ☐ Study team | ☐ Consent process | ☐ Research site(s) |
| ☐ Study population | ☐ Research protocol | ☐ Other |
| ☐ Recruitment process | ☐ Data collection materials | |

Describe the proposed change in research scope for 2026 and provide a rationale for the change:

*New research methods, the addition of new research field locations or inclusion of new study communities may require a new submission to the Nunavut Planning Commission. Additional community consultations may also be required.

Potential Risks for new research activities:

Could the proposed changes increase the level of risk to participants and/or potentially influence participants' willingness to continue in the study?

☐ Yes – Please Explain below

☐ No

How will the proposed changes be communicated to study participants (select all that apply)?

☐ Inform study participants through a letter, email, verbal communication, etc.

☐ Revise consent/assent forms and:

☐ Seek consent from remaining participants using the revised forms

☐ Seek a new consent from already-enrolled participants using the revised forms

☐ No action is required Other – please describe:

I certify that all the information provided herein is accurate and complete, and that I will inform the Nunavut Research Institute immediately if any additional changes are made to the research protocol or if any errors are discovered in this amendment request.

Signature: _____

Date:

Privacy notice: The personal information provided in this form is handled in accordance with the *Privacy Act*. We only collect the information we need to process your renewal request. In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your personal information.

Please submit your completed renewal request to: mosha.cote@arcticcollege.ca