# PERMISSION TO CONDUCT RESEARCH

**KIMEP University, Bang College of Business**  
[Insert affiliation (e.g., Department) and contact details]

[Insert addressee details]  
[Contact Person]  
[Organization Name]  
[Organization Address]

[Date]

**Dear Title [Insert Name],**

**Re: Permission to Conduct Research at [Insert Organization Name]**

My name is [Insert Applicant’s Name(s)], and I am currently pursuing a [Insert Qualification] in the [Insert School] at KIMEP University. I am writing to request permission to conduct research at [Insert Organization Name].

As part of my [graduate studies/research/faculty role] at KIMEP University, I am undertaking a research study titled “[Insert Title or Brief Description of Research].” This research aims to [briefly describe the purpose and significance of the study and why your organization has been selected].

[Edit the previous paragraphs as required].

The study involves [briefly describe the research activities, such as collecting data from staff, faculty, minors, etc., accessing a specific database, or inviting individuals to participate]. If applicable, participants will be asked to [describe data collection methods, e.g., complete questionnaires, participate in interviews, or engage in focus group discussions]. Data collection will take place [provide details on location, timing, and whether it will occur on the organization’s premises or during work hours]. Participants may also be [audio or video recorded, if applicable].

Participation is entirely voluntary, and individuals will be asked to provide written or verbal consent before participating. All responses will be treated confidentially, with personal identifiers and the name of the organization kept anonymous unless explicitly stated otherwise. Privacy will be maintained in all published materials and reports resulting from this study.

The findings from this research will be disseminated through [indicate where the results will be shared, e.g., a dissertation, academic journals, or a book chapter]. Participants will not be compensated, but they will have the right to withdraw from the study at any time without facing any negative consequences. There are no foreseeable risks associated with participating in this study. [If there are risks, please outline them here.]

All research data will be [describe data handling procedures, such as destroyed, preserved anonymously for future research, etc.].

I kindly request written permission to carry out this research at your organization. The permission letter should be on your organization's official letterhead, signed, dated, and specifically address me by name and include the title of my study.

Please let me know if you require any additional information. I look forward to your favorable response at your earliest convenience.

Yours sincerely,

[Insert Your Name]  
[Insert Your Contact Number]  
[Insert Your KIMEP Email Address]