

# Appendix – Project Registration Form

## MCS COMMITTEE ON THE ETHICS OF RESEARCH

### Registration of a Research Project

This form must be completed by the Researcher(s) and, in cases where the applicant is a student, the project Supervisor to determine if the project requires approval by the FSE Research Ethics Committee.

YOUR DETAILS	
First Name: Swoyam	Surname: Pokharel
Student Number: 2431342	Supervisor: Prakriti Regmi
Course: BSC. Hons	
Project Title: Oops!Mate	
YOUR PROJECT	
<p><b>State in no more than 100 words the problem(s) your project is aiming to address</b></p> <p>Chess engine development involves numerous optimization techniques, but their individual effects on playing strength are not objectively defined. OopsMate aims to systematically evaluate these techniques by building a chess engine incrementally in Rust, starting from foundational components (bitboards, PEXT, magic bitboards, PST, tapered evaluation, negamax) and progressively adding optimizations such as alpha-beta pruning, transposition tables, iterative deepening, and quiescence search. The aim is to implement and benchmark popular techniques concerning move ordering heuristics, pruning strategies, and state-of-the-art evaluation methods like NNUE. Each addition is benchmarked against previous versions and Stockfish through 100-game matches to measure Elo impact.</p>	
Will the information or artefact resulting from your project be available externally to the University?	YES / <del>NO</del> If yes, please complete an <u>External Agreement Form</u>
Will your project involve: (a) Human participants (b) Data about humans (c) Sensitive information	YES / <del>NO</del> If yes, please complete Page 2 of this form. Otherwise, please sign the top of Page 3, and if necessary pass it on to your supervisor.

Human participants	Yes	No
<ul style="list-style-type: none"> <li>If your proposal involves healthy adult participants, does the project have characteristics that may be detrimental to their physical or mental wellbeing?</li> </ul>		
<ul style="list-style-type: none"> <li>Does the proposal involve vulnerable participants (for example, are they under 18 years of age, do they have a disability or are mentally unable to consent)?</li> </ul>		
<b>Privacy</b>		
<ul style="list-style-type: none"> <li>Does the proposal involve processing of genetic information or personal data (e.g. health, sexual lifestyle, ethnicity, political opinion, religious or philosophical conviction)</li> </ul>		
<ul style="list-style-type: none"> <li>Does the proposal involve tracking the location or observation of people without their knowledge?</li> </ul>		
<b>Research on Animals</b>		
<ul style="list-style-type: none"> <li>Does the proposal involve research with animals?</li> </ul>		
<b>Research Involving Developing Countries</b>		
<ul style="list-style-type: none"> <li>Is any of the research involving one of the <a href="#">Least Developed Countries?</a></li> </ul>		
<b>Dual Use</b>		
<ul style="list-style-type: none"> <li>Does the research have direct military application?</li> </ul>		
<ul style="list-style-type: none"> <li>Does the research have the potential for terrorist abuse?</li> </ul>		

**This form should be filled in and submitted to the corresponding assignment on Canvas by the student (in the case of student applicants).**

Print this page and fill in with your supervisor (the student may also want a copy for themselves).

## Project Title:

Student Name: Swoyam Pokharel Student Number: 2431342

Supervisor Name: Prakriti Regmi

☒ We confirm that the information given in this form is true, complete and accurate.

Student Signature:  Date: 2025-11-20

Supervisor Signature:  Date: 2025-11-20

Thank you for completing this form. The MCS Ethics Committee will process the information provided and inform you of their decision shortly.

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### FOR MCS ETHICS COMMITTEE USE ONLY

The MCS Ethics Committee:

- ☐ approves this project. You may proceed with your project.
- ☐ your project requires approval by the FSE Research Ethics Committee. Please complete the **MCS\_REC\_Application Form**.

Project Coordinator Signature (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_