

**MASENO UNIVERSITY ETHICS REVIEW COMMITTEE (MUERC)****REQUEST FOR REVIEW OF PROPOSAL BY MUERC – APPLICATION FORM**

NOTE: This form must be attached to every application/proposal forwarded to MUERC for review

Type of Application/proposal for review (tick appropriately): New ☐ Amendment ☒

Title of project/study Promoting Savings Among Informal Sector Workers in Kenya

Name of Principal Investigator(s): Dan Ariely

Principal Investigator(s) contact phone numbers: +1 9193280080

Principal Investigator(s) e-mail addresses: dan@danariely.com

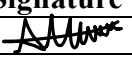
Institutional Affiliation and addresses: Duke University, Durham, NC, USA


Declaration: I Dan Ariely (full names)

Being the principal investigator for this project/study declare that:

- (a) Any changes to proposed procedures or protocols shall be requested and effected only after written approval by MUERC.
- (b) The below listed participating investigators are bound by (a) above.

NAME**INSTITUTIONAL AFFILIATION****SIGNATURE**

Name	Institution	Email contact	Signature
Seher Merve Akbas.	Duke University.	Merve.akbas@duke.edu	


Signature of Applicant/Principal Investigator)

November 12, 2013

Date



**MASENO UNIVERSITY ETHICS REVIEW COMMITTEE (MUERC)**

FOR OFFICIAL USE ONLY

Note: To be completed by MUERC secretariat

MUERC secretariat

I have checked the proposal and I confirm that the application is complete.

Checklist for Completeness – [Indicate Yes or No for each]

- ✓ Four (4) copies of application and all supporting documents. _____
- ✓ One of the four copies contains original inked authorization signatures. _____
- ✓ Application/proposal signed by all investigators on study/project. _____
- ✓ Signed and dated CVs/resumes of all investigators on study/project. _____
- ✓ If application/proposal is received from a non-Maseno University investigator, there exists proof of prior review and approval from the applicants' home institution. _____
- ✓ Any other comment (describe) _____

Name of recipient: _____

Signature of recipient Time Date

Confirmed by:

Name: _____

Signature of recipient Time Date

MUERC secretary

Signature Time Date

