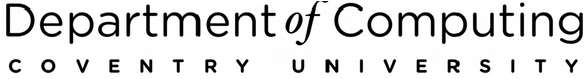
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Please complete all fields.

First Name:

Robert

Last Name:

Rigler

Student ID number

4939377

Ethics Application

Number

**P51417**

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Supervisor Name

Dr. Faiyaz Doctor

2

nd

Supervisor Name

Dr. Dianabasi Nkantah

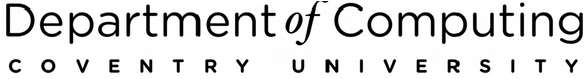
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I declare that a proposal for this project has been submitted to the

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