**Project Title:**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_