**PLYMOUTH UNIVERSITY**

**FACULTY OF SCIENCE AND ENGINEERING**

**RIGHT TO WITHDRAW FROM RESEARCH PROJECT / PRACTICAL STUDY**

**Name of Principal Investigator:**

XXX**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of Research:**

XXX**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I hereby request to be withdrawn from the research (specified above).

I request that all my data is destroyed.

**Participant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_**

If you wish to withdraw, please send this completed form to the Principal Investigator

by emailing XXX@students.plymouth.ac.uk.