

**AU Status**

Undergraduate or PG Taught

**Your aber.ac.uk email address**

daw48@aber.ac.uk

**Full Name**

Darren White

**Please enter the name of the person responsible for reviewing your assessment.**

Chris Loftus

**Please enter the aber.ac.uk email address of the person responsible for reviewing your assessment**

cwl@aber.ac.uk

**Supervisor or Institute Director of Research Department**

cs

**Module code (Only enter if you have been asked to do so)**

CS39440

**Proposed Study Title**

MMP: IntelliJ Plugin to Aid With Plagiarism Detection. Tracks file changes in the editor of IntelliJ IDEA to help identify UAC or plagiarism. Not used with students during the course of the project. Could be used with students post-completion.

**Proposed Start Date**

01/02/2018

**Proposed Completion Date**

04/05/2018

**Are you conducting a quantitative or qualitative research project?**

Mixed Methods

**Does your research require external ethical approval under the Health Research Authority?**

No

**Does your research involve animals?**

No

**Are you completing this form for your own research?**

Yes

**Does your research involve human participants?**

No

**Institute**

IMPACS

**Please provide a brief summary of your project (150 word max)**

IntelliJ IDEA plugin to track file changes in the editor to help with detecting plagiarism or UAC. During the research, student participants were not involved. However, post-completion the plugin could be used in academia involving students.

**Where appropriate, do you have consent for the publication, reproduction or use of any unpublished material?**

Not applicable

**Will appropriate measures be put in place for the secure and confidential storage of data?**

Yes

**Does the research pose more than minimal and predictable risk to the researcher?**

Not applicable

**Will you be travelling, as a foreign national, in to any areas that the UK Foreign and Commonwealth Office advise against travel to?**

No

**Please include any further relevant information for this section here:**

**If you are to be working alone with vulnerable people or children, you may need a DBS (CRB) check. Tick to confirm that you will ensure you comply with this requirement should you identify that you require one.**

Yes

**Declaration: Please tick to confirm that you have completed this form to the best of your knowledge and that you will inform your department should the proposal significantly change.**

Yes

**Please include any further relevant information for this section here:**