## 

Recommendation by the Head of the Institution of Affiliation
3. Name
4. Position.
5. Official Stamp and Signature
Date
RESEARCH METHODOLOGY (Please incorporate details of sampling procedures, if relevant, in the description of your project).
14. Do you intend to use questionnaire(s) Yes/No
15. List key equipment to be brought to Kenya for research purposes
16. State whether the equipment shall be left with the affiliating institution on completion of you research project
RECOMMENDATIONS BY APPLICANT'S RESEARCH/ACADEMIC INSTITUTION (to be filled by the Student/Researcher's Supervisor and Head of the Research/Academic institution)
This is to certify that
Name of SupervisorDesignation
Signature Date Official Rubber Stamp
Email address

Name (Head of Institution)	
Signature Date	Official Rubber Stamp
E-mail addressFa	ax No
APPLICANT'S DECLARATION	
17. I certify that I have read and understood the condit them as required and that the information given by me	
18. I,	n in English) on my research project with Kenya
Signature	Date
(For official use only)  a) Comments by the Kenya Wildlife Service Area S	
Name of Area Scientist	
Signature	Date
b) Comments by Kenya Wildlife Service Area Ward	
Name of Area Warden	
SignatureI	Oate
Comments by Research Project Proposal Reviewer	

	ignature	Date		
Recommendations by Kenya Wildlife Service Research Authorization Committee				
Approved/Not approved.				
Chairman, KWS Research Authorization Com				
Research Approval Reference No./Code A	ssigned(if application approved)			