**Research Ethics Review**

**APPLICATION FORM**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: WMSU REO

WMSU, Zamboanga City

Sir/Madam:

Greetings!

The undersigned do hereby request for the review of this research protocol entitled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as a requirement for my (undergraduate thesis, graduate thesis, institutionally funded research, externally funded research) for the grant of its RESEARCH ETHICS CLEARANCE.

Attached herewith are the following relevant documents:

☐ Research Protocol/Proposal

☐ Technical Review Clearance

☐ Data collection instrument/s

☐ Informed Consent/Assent (*if applicable*)

☐ Curriculum Vitae of Researcher/s

☐ Completed Study Protocol Assessment Form

☐ Completed Informed Consent Assessment Form

☐ Completed Exempt Review Assessment Form

I certify thereof the truthfulness of the attached documents.

Thank you very much.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher’s Signature over Printed Name

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**ACKNOWLEDGEMENT**

Acknowledge receipt of this research package as:

☐ Incomplete: Returned with instruction for compliance.

☐ Complete: Accepted for Review

Kindly contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for follow – up.

WMSU REO Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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REO Staff