**COVER FORM**

**FOR**

**APPLICATION FOR DEPARTMENTAL ETHICS REVIEW**

|  |  |
| --- | --- |
| Name: | Matric No.: |
| HP/Tel: | E-mail: |
| Title of Project: | |
| Module:  🞏 PL3231 Independent Research Project  🞏 PL4401 Honours Thesis  🞏 PL4660 Independent Study Module  🞏 Others *(Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)* | |
| Name of Supervisor: | |
| Signature of Student: | Date: |