**COVER FORM**

**FOR**

**APPLICATION FOR DEPARTMENTAL ETHICS REVIEW**

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| --- | --- |
| 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: |