**SELCUK UNIVERSITY**

**FACULTY OF HEALTH SCIENCES**

**THE NON-INTERVENTIONAL CLINICAL RESEARCH ETHICS COMMITTEE**

**TO THE PRESIDENCY**

**Date**

I request to waive due to the reason that **(must be stated)……….………..……..………………**  from the study titled **“………………………………...……………….………………..............”**  which carried out by the Selcuk Unıversıty Faculty of Health Scıences Department of **……………......…….** of **project coordinator Name and SURNAME…………….....…......**’s, with the **“……./……./…….”** meeting date and **“……./…….”** decision number approved by your committee**.**

I am kindly request your consent for the necessary action.

 **Project Coordinator**

**Name and SURNAME**

 **……………………. Department of Science**

 **SIGNATURE**