**T.C.**

**SELCUK UNIVERSITY FACULTY OF PHARMACY**

**TO THE SCIENTIFIC RESEARCH ETHICS COMMITTEE**

**̶ APPLICATION PETITION ̶**

**.../.../202.**

I hereby request that my documents be evaluated by your Ethics Committee that the **Master's thesis/ Doctoral thesis/ Research project** titled "...................................................................", which will be carried out in the …………………..…. Department of the Faculty of Pharmacy.

***Signature***

**Name, Surname**

Project Coordinator

**Eclair:**

1. Scientific Research Ethics Committee Application Form
2. Privacy Agreement and Conflict of Interest Declaration
3. Work Permit Approval Document (Signed approval document to be received from the laboratory / institution / organization / centerwhere the project work will be carried out)
4. Questionnaire etc. Forms to be used (All forms should be given as attachments)
5. Proforma Invoices (Must be received within 1 month at the latest)
6. 3 Current Publications related to the Project Subject (First page printout is sufficient)