**SELCUK UNIVERSITY FACULTY OF PHARMACY**

**TO THE SCIENTIFIC RESEARCH ETHICS COMMITTEE**

**̶ WAIVER PETITION ̶**

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

I request to waive due to the reason that **………………(must be stated)……………,** from the Master's thesis/ Doctoral thesis/ Research projectcarried out in the Department of the **…………………….**, Faculty of Pharmacy and approved by your Ethics Committee with the decision no. **…/…** dated **../../…...**

I am kindly request your consent for the necessary action.

 ***Signature***

 **Name, Surname**

 Project Coordinator