**SELCUK UNIVERSITY FACULTY OF PHARMACY**

**TO THE SCIENTIFIC RESEARCH ETHICS COMMITTEE**

**̶ WORK PERMIT DOCUMENT ̶**

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

|  |  |
| --- | --- |
| 1. **Project Type**
 | **□ Master's thesis** |
| **□** **PhD thesis**  |
| **□ Research project** |
| 1. **Project Title**
 | .......................................................................................................................................................................................................................................................................................................................................................................................... |
| 1. **Project Duration**
 | ................................................................ |
| 1. **Laboratory / Institution / Organization / Center where the Project Work will be Carried Out**
 | ................................................................................................................................ |
| 1. **Project Coordinator**

*(Name-Surname, Title)* | ................................................................ |
| 1. **Principal Investigator**

*(Name-Surname, Title)* | ................................................................ |
| 1. **Other Researchers**

*(Name-Surname, Title)* | ................................................................ |
| 1. **Second/Co-Advisor**

*(Name-Surname, Title)*  | ................................................................ |

There is no inconvenience for the project work that has the above information to be carried out in our laboratory

 ***Signature/Stamp***

 **Name, Surname**

 (Title)