**SELCUK UNIVERSITY**

**FACULTY OF HEALTH SCIENCES**

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

**TO THE PRESIDENCY**

 **Date:** Tarih girmek için tıklayın veya dokunun.

I request to waive due to the reason that **(must be stated)……….………..……..………………**  from the study titled **“Turkish Title (English Title)………………..…...…….must be stated”**  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**

 **Signature**