ETHICS APPROVAL FORM

Instruction(s):

- ***This form is appropriate for students submitting their thesis to Graduate Studies Unit.***
- ***Ensure you have read the Student Conduct Policy PL-ST-01 and Procedure PR-ST-01 before completing this form.***
- ***Complete this form in consultation with your Research Supervisor.***
- ***Submit the completed form with at least one month's notice before the start of your project. Exceptions will be considered.***
- ***Ensure all sections are completed accurately to avoid delays.***
- ***Attach an approved copy of Thesis Proposal Approval Form.***

Student Information

Name of Student	
Student ID Number	
Program of Study	
College	

Confirmation

Have you read and understood the Student Conduct Policy PL-ST-01 and Procedure PR-ST-01?

☐ Yes

☐ No

Research Project Information

Full Title of Research Project:

_____

_____

_____

_____

Research Purpose

Purpose for Undertaking Research (e.g., dissertation/thesis/funding):

_____

_____

_____

_____

What is the Aim of Your Research? (50 words max):

_____
_____
_____
_____

Duration and Expected Date of Commencement of the Research Project:

_____
_____
_____
_____

Proposed Methodology

Sample (Description and Size):

How will your participants be recruited?

_____
_____
_____
_____

How will you brief participants about the research (e.g., information sheet)?

_____
_____
_____
_____

How do you propose to analyze and interpret your data?

_____
_____
_____
_____

Data Management

How will the data be managed and stored?

_____
_____
_____
_____

How will confidentiality of data be ensured?

_____
_____
_____
_____

List the people and organizations with access to the data:

_____
_____
_____
_____

Are all individuals/organizations with access to these data registered and compliant with data protection regulations?

☐ Yes

☐ No (If 'No', please provide an explanation)

_____
_____
_____
_____

Does the research require withholding information about the purpose of the research from participants?

☐ Yes (If 'Yes', please provide details and give reasons for withholding)

_____
_____
_____
_____

☐ No

Ethical Considerations

Does your research involve people under 18 years of age?

☐ Yes (If 'Yes', please provide further information and how you will seek consent from parents or guardians)

_____
_____
_____
_____

☐ No

Does your research involve participants who might be considered 'vulnerable' (e.g., medical patients, crime victims, prisoners, disabled people, those recently bereaved)?

☐ Yes (If 'Yes', please provide information on how they will be safeguarded)

_____
_____
_____
_____

☐ No

Will your project need ethical clearance before a decision can be taken by a funding body?

☐ Yes (If 'Yes', please provide further information)

☐ No

Does the research involve discussion of culturally sensitive issues?

☐ Yes (If 'Yes', please provide details)

_____
_____
_____
_____

☐ No

Do any aspects of the research pose risks to participants' physical or emotional well-being?

☐ Yes (If 'Yes', please provide details and information on how you plan to deal with such risks)

_____
_____
_____
_____

☐ No

Are there any potential benefits to participants.

☐ Yes (If 'Yes', please provide details)

_____
_____
_____
_____

☐ No

Are there any potential inconveniences to participants?

☐ Yes (If 'Yes', please provide details)

_____
_____
_____
_____

☐ No

How long do you expect participants to be involved with the study?

_____
_____
_____
_____

Might conducting the research expose the researcher to risks?

☐ Yes (If 'Yes', please provide details and information on how you plan to deal with such risks)

_____
_____
_____
_____

☐ No

Will the research take place in a setting other than the University campus or residential buildings?

☐ Yes (If 'Yes', please provide details on where the research will take place and what safeguards have been set in place for the researcher and participants)

_____
_____
_____
_____

☐ No

Will the intended participants of the study be individuals who are not members of the University community?

☐ Yes (If 'Yes', please provide details)

_____
_____
_____
_____

☐ No

Does the research involve any actual or potential conflict of interest (e.g., a funding body's preferred outcome, a private relationship)?

☐ Yes (If 'Yes', please provide details)

_____
_____
_____
_____

☐ No

Are there issues which would require permission for publication of any information?

☐ Yes (If 'Yes', please provide details)

_____
_____
_____
_____

☐ No

Additional Issues

Are there any other issues regarding your research that requires further discussion?

_____
_____
_____
_____

Confirmation and Submission

Have all the necessary areas of the Research Ethics Approval Form been completed?

☐ Yes

☐ No

Have you included all necessary appendices? Information sheet/s for participants:

☐ Yes

☐ No

Consent form/s:

☐ Yes

☐ No

Interview Schedule/Focus Group Schedule:

☐ Yes

☐ No

Copy of Thesis Proposal Approval Form

☐ Yes

☐ No

Name of Proposer/Student	
Date	
College Authorization	

Name of Proposer/Student	Signature	Date

Submission

Once this questionnaire is completed, please submit this form to your Assistant Dean for Research and Graduate Studies, who should sign it and send it to the Graduate Studies Unit via email.

Academic College Approval

Name of Assistant Dean, Research & GS	Signature	Date

GSU Office Use Only

Date Received by Graduate Studies Unit: _____

Date Processed by IRB Office: _____

☐ Approved Ethics Clearance ID: _____

☐ Not Approved

☐ Exempted Ethics Clearance ID: _____

☐ The outcome has been communicated to the concerned College

Contact Information:

Office of Graduate Studies, UDST Email:

Graduate.studies@udst.edu.qa Phone:

Website:

*Note: Ensure all required documents are attached. Incomplete applications will not be processed.