



## Instructions:

- **This form is meant for students who require IRB approval.**
- **Ensure you have read Student Conduct Policy PL-ST-01 and Procedure PR-ST-01 before completing this form.**
- **Complete this form in consultation with your Thesis Supervisor.**
- **Submit the completed form with at least one month's notice before the start of your master thesis. Exceptions will be considered.**
- **Ensure all sections are completed accurately to avoid delays or rejections.**
- **Attach the Thesis Proposal to this form.**

## Student Information

Student Name	
Student ID Number	
Program of Study / College	

## Confirmation

I confirm I have read and understood Student Conduct Policy PL-ST-01 and Procedure PR-ST-01

## Research Project Information

### 1. Thesis Title:

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### 2. Research Purpose

#### 2.1. Provide the Thesis Abstract (max 150-300 words):

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#### 2.2. What is the aim or specific objectives of your research? (50 words max):

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**3. Proposed Research Methodology**

**3.1. Describe the research methodology and specify activities where participants will be involved (interviews, surveys, etc.).**

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**3.2. Please mention where the activities will take place (e.g., online, in UDST classrooms, in a public school, etc.).**

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**3.3. Sample (Description and Size): How many participants will be included?**

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**3.4. Please mention how you reached the sample size of participants and the appropriate justification, statistically or otherwise.**

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**3.5. List inclusion and/or exclusion criteria of the participants.**

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**3.6. Please indicate how, when, where and by whom the participants will be recruited. Will any materials be used (email, poster, etc.)?**

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**3.7. How will informed consent be obtained from participants taking part in the study?**

Written,  e-consent.

**3.8. How long do you expect participants to be involved in the study?**

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**4. Data Management**

**4.1. How will the data be collected and where will the data be stored? Are there any plans for its disposition?**

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**4.2. How do you propose to analyze and interpret your data? What are the tools and processes you will use for data analysis?**

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**4.3. How will confidentiality of data be ensured? Please indicate if the data will contain any direct or indirect individual identifiers.**

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**4.4. List the people and organizations (if applicable) who will have access to the data:**

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**5. Ethical Considerations**

**5.1. Does your research involve participants who might be considered 'vulnerable' (e.g., children, pregnant women, prisoners, economically disadvantaged, employees or students of the investigator, cognitively impaired, etc.)?**

No  Yes (If 'Yes', please identify the vulnerable populations and describe proposed safeguards to protect their rights and welfare.)

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**5.2. Are there any reasonably foreseeable risks or discomforts to participants' physical, social, economic, legal, or emotional well-being?**

No  Yes (If 'Yes', please provide details and information on how you plan to deal with such risks)

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**5.3. Are there any potential benefits to participants?**

No  Yes (If 'Yes', please provide details)

**Confirmation and Submission**

- I have completed all the necessary areas of the Research Ethics Approval Form.
- I have included all necessary appendices.
- I have included the recruitment materials and any other information sheets meant for participants.
- I have included the consent form/s.
- I have included a copy of Thesis Proposal Approval Form.

APPLICANT SIGNATURE		
I confirm that all the information provided is accurate and correct at the time of submission		
<b>Student Name</b>	<b>Signature</b>	<b>Date</b>
<b>Supervisor Name</b>	<b>Signature</b>	<b>Date</b>

**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 Use Only**

Date Received by Graduate Studies Unit: \_\_\_\_\_

Date Processed by IRB Office: \_\_\_\_\_ IRB Specialist: \_\_\_\_\_ Signature: \_\_\_\_\_

Approved  Exempted  Deferred IRB File Number: \_\_\_\_\_

The outcome has been communicated to the concerned College on Date (DD/MM/YYYY): \_\_\_\_\_