SSRA ETHICS CONFIRMATION FORM

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| This form should be submitted by **Credit Students ONLY** along with your Research Report on Wednesday 6th August 2025. Please complete this information fully and clearly. | | | |
| **Name:** |  | | |
| **Student No:** |  | | |
| **Project Title:** |  | | |
| **Supervisor:** |  | | |
| **Co-Supervisor:** |  | | |
| **Did your project require ethics approval?** | | | |
| **YES** |  | **No** |  |
| **If YES, please provide an UTMREC-SM reference number** | | | |
|  | | | |
| **Project Supervisor Signature:** |  | | |
| **Print Name:** |  | | |
| **Student Signature:** |  | | |
| **Print Name:** |  | | |