



APPLICATION FOR DATA COLLECTION / CONDUCT A STUDY AT KULLIYAH OF NURSING

Name :
Matric No. :
University :
Department/Faculty :
Programme of Study/Year :
Contact No/Email :
Supervisor's Name :
Proposed Field Supervisor/ Co-Researcher :
(to assist the research activities)
Research Title :

Summary of Proposal *Kindly attached the summary of proposal together with this application form.*
: YES NO
Approval of Ethics *(if YES, please provide the evidence)*

I, _____ undertake that the data obtained from the research activities will be used solely for my research activity's purpose only and under no circumstances will it be used for any other purpose. I will not circulate the information to other parties without prior permission from Kulliyah of Nursing & IIUM. I am fully aware that should I breach this undertaking; the Kulliyah of Nursing & University has full right to take any appropriate action including legal action against me.

Signature :
Name :
Date :

FIELD SUPERVISOR/ CO-RESEARCHER CONFIRMATION

This is to confirm that the above-mentioned student is a fully registered student of _____.
I affirm that the data required are needed for research and academic purposes only.

Signature/Stamp:

Name :
Date :

**DEAN / DEPUTY DEAN COMMENTS
(KULLIYAH OF NURSING)**

Signature/Stamp:

Name :
Date :

This application is to be submit to nursing_pg@iium.edu.my for approval.

APPROVED

NOT APPROVED