



UNIVERSITY OF EASTERN AFRICA, BARATON
Research Ethics Committee

APPLICATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_
Status: Faculty [ ] Staff [ ] Student: Undergraduate [ ] Graduate [ ] Other [ ]
Department: \_\_\_\_\_ School: \_\_\_\_\_
E-mail Address: \_\_\_\_\_ Tel: \_\_\_\_\_
Title of Research Project: \_\_\_\_\_

Complete the information requested below and submit three (3) copies of the completed form to:
The Secretary of UEAB Research Ethics Committee

GENERAL INFORMATION

Time Schedule: Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_
Place(s) where research is to be carried out \_\_\_\_\_

GENERAL INSTRUCTIONS AND INFORMATION

- 1. Submit together with this form the research proposal (hard copy and soft copy to be sent via email attachment to jackieobey@gmail.com and ueabrec@gmail.com) and the receipt of payment of ethics review fee.
2. If the research is undertaken as a graduate degree requirement, submit the approval of the research proposal (from the Department of the University where the degree is pursued)

AGREEMENT

I will ensure that changes in approved research protocols and all adverse or unforeseen problems arising from the research project are reported in a timely fashion to the UEAB Research Ethics Committee. I will provide notification when the study is complete and if it fails to start or is abandoned.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

RECOMMENDED BY:

Supervisor(s): \_\_\_\_\_ Date \_\_\_\_\_
\_\_\_\_\_ Date \_\_\_\_\_

Research Ethics Committee Action: \_\_\_\_\_

Research Ethics Committee Chair \_\_\_\_\_ Stamp and Date \_\_\_\_\_