**SELCUK UNIVERSITY FACULTY OF PHARMACY**

**TO THE SCIENTIFIC RESEARCH ETHICS COMMITTEE**

**̶** **COMMITMENT LETTER ̶**

**.../.../202.**

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| **Project Title:** | * **......................................................................**

**.......................................................................****.......................................................................** |
| **Project Coordinator: *(****Name-Surname, Title****)*** | * **.......................................................................**
 |
| **Second/Co-Advisor: *(****Name-Surname, Title****)*** | * **.......................................................................**
 |
| **Principal Investigator: *(****Name-Surname, Title****)*** | * **........................................................................**
 |
| **Other Researchers: *(****Name-Surname, Title****)*** | * **........................................................................**
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During this **Master's thesis/ Ph.D. thesis/ research project**;

**I/we promise that:**

* I will comply with research ethical principles,
* I will inform the Ethics Committee in case of an unexpected effect/event during the implementation of the research,
* I will immediately notify the Ethics Committee if changes need to be made in the study protocol during the research and/or if the project cannot be completed,
* I will obtain permission from the Ethics Committee for any changes to be made in the study team.

 ***Signature Signature***

 **First Name, Last Name First Name, Last Name**

 Project Coordinator Principal Investigator

**Contact Information** *(Project Coordinator)*

**Address : ...........................................................................**

...**...................................................................................**

**Phone (Mobile/Business) : ...............................................................**

**E-mail : ..........................................................................**