**SELCUK UNIVERSITY FACULTY OF PHARMACY**

**TO THE SCIENTIFIC RESEARCH ETHICS COMMITTEE**

**̶ WORK PERMIT DOCUMENT ̶**

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

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| --- | --- |
| 1. **Project Type** | **□ Master's thesis** |
| **□** **PhD thesis** |
| **□ Research project** |
| 1. **Project Title** | .......................................................................................................................................................................................................................................................................................................................................................................................... |
| 1. **Project Duration** | ................................................................ |
| 1. **Laboratory / Institution / Organization / Center where the Project Work will be Carried Out** | ................................................................  ................................................................ |
| 1. **Project Coordinator**   *(Name-Surname, Title)* | ................................................................ |
| 1. **Principal Investigator**   *(Name-Surname, Title)* | ................................................................ |
| 1. **Other Researchers**   *(Name-Surname, Title)* | ................................................................ |
| 1. **Second/Co-Advisor**   *(Name-Surname, Title)* | ................................................................ |

There is no inconvenience for the project work that has the above information to be carried out in our laboratory

***Signature/Stamp***

**Name, Surname**

(Title)