**SELCUK UNIVERSITY**

**FACULTY OF HEALTH SCIENCES**

**THE NON-INTERVENTIONAL CLINICAL RESEARCH ETHICS COMMITTEE**

**TO THE PRESIDENCY**

**Date**

I request to include **............................................... Name and SURNAME** due to the reason that(**must be stated)……….……………………....….** in the project study carried out by theSelcuk Unıversıty Faculty of Health Scıences Department of **………………..…………..…….** of **project coordinator Name and SURNAME ……………………….……………....……..’s**

with the **“……./……./…….”** meeting date and **“……./…….”** decision number approved by your committee.

I am kindly request your consent for the necessary action.

 **Project Coordinator**

**Name and SURNAME**

 **……………………. Department of Science**

 **SIGNATURE**