**PAPRSB Institute of Health Sciences**

**Universiti Brunei Darussalam**

**Supervisor Approval Form**

**(For the submission of ethics application of student project)**

**Student’s Name:**

**Student’s Registration No.:**

**Programme:**

**Project Title:**

|  |  |  |
| --- | --- | --- |
| **List of all the supervisors/ researchers involved** | **Designation/affiliation of supervisors/researchers** | **Specific role of the researcher in the research project** |
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We hereby certify that the student’s ethics application forms and research proposal have been reviewed by us and are ready to be submitted to the PAPRSB Institute of Health Sciences Research Ethics Committee (IHSREC) or the joint PAPRSB Institute of Health Sciences and Medical Health Research Ethics Committee (IHSMHREC) as applicable.

Name and Signature of Supervisor/Researcher 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Name and Signature of Supervisor 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Name and Signature of Supervisor 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

I hereby certify that I have obtained my supervisor’s approval.

Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_