



UNIVERSITY OF ILORIN, ILORIN – NIGERIA
UNIVERSITY ETHICAL REVIEW COMMITTEE
Research Proposal Ethical Review Form

Bio Data

Name:.....
(Surname) (Other names)

Category of Research:.....

Personal I.D. No.:.....

Contact Address:.....

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E-mail Address:..... **Mobile No:**.....

Co-investigator(s) (if any):.....

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Title of Research:.....

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Research Aim and Objectives:

Background of the Study/Literature Review (Please be brief in not more than 500 words):

Research Methodology (Please provide brief information on research subject, research design and treatments, data collection and analysis in not more than 250 words):

Please provide brief explanation on how you will address ethical issues arising from your research design:

Applicant's Signature: **Date:**

Supervisor (if any):
(Name, Signature & Date)

Departmental Ethical Review Committee Representative:
(Name, Signature and Date)

Head of Department:
(Name, Signature & Date)

Official Use

Date Received: **Date of FERC Review:**

FERC Comment/Decision:

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.....

Chairman FERC's Signature: **Date:**

Dean's Signature: **Date:**