



GARISSA UNIVERSITY
GAU-INSTITUTIONAL ETHICS REVIEW COMMITTEE

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Garissa – Kenya

APPLICATION FOR ETHICAL APPROVAL OF A RESEARCH PROJECT

NOTE: Please refer to the [guidelines](#) before you fill the form.
Hand-written and incomplete form will not be accepted.

1.0 : PRELIMINARY

1.1 Type of Submission(Mark appropriately)

New Revised

1.2 Type of Project (Mark appropriately)

Undergraduate Masters Degree PhD Collaborative
Any other, specify.....

1.3 TITLE OF THE PROJECT:

.....
.....

1.4 Name of the Principal Investigator

Experience: (Relevant to proposed research)

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.....
.....

Address

Telephone.....

E-mail :

2.0 DECLARATION:

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.....
.....
.....

Collaborators/Supervisors

Name	Academic qualification and discipline	Institution	E-mail: Telephone:	Signature	Date

SUBMITTED BY

Principal Investigator's Name:

Signature: Date:.....

FOR OFFICIAL USE ONLY

APPROVED BY GARISSA UNIVERSITY INSTITUTIONALSCIENTIFIC ETHICS REVIEW COMMITTEE (Subject to withdrawal for non-compliance)

Chairperson (Name): _____

Signature: _____

Date: _____

Send a Soft copy of the Application and other documents to:
The Chairperson,
GaU-ISERC,
Email: gauserc@gau.ac.ke

NOTE: Wait for clearance from the Committee