



**FACULTY OF HEALTH SCIENCES
RESEARCH ETHICS COMMITTEE**

**02a REVISED RESEARCH PROPOSAL
SUBMISSION FORM
(REC 7.0)**

Student Name		Student Number	
Supervisor Name		Co-Supervisor Name	
Department			
Research Title			
Last REC Date			
Reviewer 1		Reviewer 2	
Date Submitted		Version	

Instructions:

- Please refer to the last Ethical Review (REC 4.0) form and respond below to (i) each item marked in the checklist as **No**, (ii) any related comments and (iii) each item in the **List of Mandatory Changes** at the end of the form.
- Responses may be a brief explanation of how the research proposal has been revised, or reasons for not revising if it is felt, in the opinion of the supervisor/researcher, that this is not required.
- Send this completed form and the revised research proposal back to the REC Secretariat.

Comment	Revision/Response
<i>Reviewer 1</i>	
<i>Reviewer 2</i>	

Supervisor/Researcher Signature		Student Signature	
Date (dd/mm/yy)		Date (dd/mm/yy)	