



MASENO UNIVERSITY ETHICS REVIEW COMMITTEE (MUERC)

REQUEST FOR REVIEW OF PROPOSAL BY MUERC – APPLICATION FORM

NOTE: This form must be attached to every application/proposal forwarded to MUERC for review

Type of Application/proposal for review (tick appropriately):

New [] Amendment [] Revised []

Title of project/study _____

Name of Principal Investigator(s): _____

Principal Investigator(s) contact phone numbers: _____

Principal Investigator(s) e-mail addresses: _____

Institutional Affiliation and addresses (department/section, school/organization, office block/number, street address): _____

Declaration: I _____ (full names)

Being the principal investigator for this project/study declare that:

- (a) Any changes to proposed procedures or protocols shall be requested and effected only after written approval by MUERC.
(b) The below listed participating investigators are bound by (a) above.

NAME INSTITUTIONAL AFFILIATION SIGNATURE

Table with 4 columns: Name, Institution, Email contact, Signature. Multiple empty rows for data entry.

Signature of Applicant/Principal Investigator) Date



MASENO UNIVERSITY ETHICS REVIEW COMMITTEE (MUERC)

FOR OFFICIAL USE ONLY

Note: To be completed by MUERC secretariat

MUERC secretariat

I have checked the proposal and I confirm that the application is complete.

Checklist for Completeness – [Indicate Yes or No for each]

- ✓ An electronic copy and a hard copy (1) of application and all supporting documents. _____
- ✓ The hard copy contains original inked authorization signatures. _____
- ✓ Application/proposal signed by all investigators on study/project. _____
- ✓ Signed and dated CVs/resumes of all investigators on study/project. _____
- ✓ If application/proposal is received from a non-Maseno University investigator, there exists proof of prior review and approval from the applicants' home institution. _____
- ✓ Prove of payment of review fees (receipt attached). _____
- ✓ Any other comment (describe) _____

Name of recipient: _____

Signature of recipient	Time	Date
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Confirmed by:

Name: _____

Signature of recipient	Time	Date
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MUERC secretary

Signature	Time	Date
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