الجامعة الإسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
يونيورسيتي إسلام انتارابغسا ملايسيا

IIUM MEDICAL CENTRE

APPLICATION FORM TO CONDUCT RESEARCH

** Please indicate (/) in appropriate column*

STUDENT ☐ **STAFF** ☐ **EXTERNAL** ☐

NAME : _____

NRIC /PASSPORT NO. : _____ STAFF/STUDENT NO. :_____

EMAIL : _____ MOBILE NO. : _____

GENDER :_____ K / C / D: _____

TITLE OF RESEARCH : _____

_____

SOURCE OF GRANT : _____

AMOUNT AWARDED : _____

DURATION : _____

FOCUS OF RESEARCH (SPECIFIC WARD/DEPARTMENT): _____

CO-RESEARCHER 1) _____

2) _____

3) _____

SUPERVISOR : _____

** Please indicate (/) in appropriate column*

NO.	ITEM	YES	NO
1.	Cover Letter		
2.	Copy of Research Proposal		
3.	Copy of Approval Letter *(Ethics Committee/IIUM Research Ethics Committee/Kulliyyah Ethics Committee Meeting/MREC/Etc)*		

REQUESTED BY:

…….
Name:
Position:
Date :

RECOMMENDED BY SUPERVISOR:

…….
Name:
Position:
Date :

FOR OFFICE USE ONLY	
VERIFIED BY: ……. Name: Position: Date	**APPROVED BY:** ……. Name: Position: Date :