

**T.C.**

**NIGDE OMER HALISDEMIR UNIVERSITY**

**INSTITUTE OF SCIENCE**

I am the student with the student ID ……… in ……. Program of the ……. Major at the Graduate School Of Natural And Applied Sciences. I have carried out the thesis work with the subject.…..…………………….. under the supervision of ……………. I would like to practise the study …………………………………………….

I kindly request the necessary permission from the Directorate/Institution ……………………………………….

Date …... /……/……..

Name Surname

Signature

Address:

Telephone:

E-Mail Address:

THE APPROVAL of the ADVISOR

Name Surname

Signature

Attachments:

1-The Thesis Proposal Form

2- Survey Form

3- The List of the Institutions where the conductions are to be done

4- The students who grant the permission for the research from MNE need to apply beforehand on <http://ayse.meb.gov.tr> and by filling out The Research Permission Application Commitment, they are required to be submitted on the petition attachment together with the other attachments to the Institute.

THE RESEARCH PERMIT APPLICATION COMMITMENT

CONCERNING THE RESEARCH APPLICATIONS TO BE CARRIED OUT IN SCHOOLS AND INSTITUTIONS AFFILIATED WITH THE MINISTRY OF NATIONAL EDUCATION

1. I will behave accordingly with the constitutions/laws and regulations throughout my research,
2. I will comply with the rules of the school/institution where I will conduct the research.
3. Throughout my research, I will not force anyone to participate in my research/study,
4. I will carry out the research/study in the space/classroom and time allocated to me,
5. I will inform participants about the possible physical/mental harms of the research,
6. I will protect the personal information I collect during my research/study.
7. I will collect as much data as necessary for my research/study,
8. Students will not have any losses in their lessons/studies during the research/study,
9. I will not engage in any commercial activity during my research/study, and I will not direct participants to any product/work/treatment,
10. I will submit the research permission documents to the school administration,
11. I will use authorized documents during research/study,
12. I will comply with ethical rules during the implementation of research/study in medical research,
13. I will keep the audio and video recordings I collect during the research/study in reliable environments and destroy them after the research/study,
14. I will accept the execution of judicial and administrative proceedings in cases such as acting contrary to the provisions of the circular and any false statement, declaration or hiding material facts,
15. I will not violate health, safety, human rights, existing legislative provisions, general principles of law and comply with ethical principles in surveys, interviews, observations, field research, practices and examinations to be carried out on people in permitted research/projects,
16. I will deliver the final reports regarding the research to the unit from which I received permission within 30 days from the end date of the study,

I declare that I have admitted.

The Name of the Research:

The Researcher:

Date:

Signature:

Name – Surname: