**TO THE DEPARTMENT OF** …………………………………………………………

Within the scope of the thesis I am carrying out, I request the necessary permissions to be obtained for the application of the data collection tool (s) in the attachments. I hereby submit to your information.

**STUDENT’S**

|  |  |
| --- | --- |
| **Name Surname** |  |
| **Student Number** |  |
| **Department** |  |
| **Field** |  |
| **Advisor** |  |

**THESİS’S**

|  |  |
| --- | --- |
| **Title** |  |
| **Data Collection Tools to be Implemented** |  |
| **Institutions to be Implemented** |  |
| **Participants** |  |
| **Application Date Range** |  |

**APPENDIXES:**

1. Ethics Committee Approval

2. Data Collection Tool (s)

3. List of Institutions to be Implemented

4. MEB Application Permit Pre-Application Form (If the application will be done in MEB)

5. MEB Research Permit Application Undertaking (If the application will be done in MEB

 Student

Name and surname

 Date

 Signature

 Advisor

 Title, Name-Surname

 Date

 Signature

|  |  |  |
| --- | --- | --- |
| **Name Of A Parent Institution To Which It Is Affiliated** | **Full Name Of The Institution** | **Open Address** |
| Tokat Provincial Directorate of National Education | Halil Rıfat Paşa Secondary School | Yeşilırmak Mah. Sok. No:5 Tokat/Merkez |
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**RESEARCH PERMIT APPLICATION COMMITMENT**

**RELATED TO RESEARCH IMPLEMENTATIONS TO BE CARRIED OUT IN SCHOOLS AND INSTITUTIONS AFFILIATED WITH THE MINISTRY OF EDUCATION**

1. I will act in accordance with the constitution / laws and regulations throughout my research,

2. I will follow the rules of the school / institution where I will conduct the research,

3. I will not force anyone to participate in my research / study during my research,

4. I will carry out the research / study in the space / class and time allocated to me,

5. I will inform the participants about the potential physical / mental harms of the research,

6. I will protect the personal information I have collected during my research / study,

7. I will collect as much data as necessary for my research / study,

8. During the research / study, students will not have any loss in their lessons / studies,

9. I will not engage in any commercial activity during my research / study, I will not direct the participants to any product / work / treatment,

10. I will submit the research permit documents to the school administration,

11. I will use the documents permitted during research / study,

12. I will comply with ethical rules during the application of research / study in medical research,

13. I will keep the audio and video recordings that I have collected during the research / study in safe environments and will destroy them after the research / study,

14. I will not act contrary to the provisions of the Circular and I will accept the execution of judicial and administrative proceedings in cases such as any false statement, statement and concealing material truth,

15. I will not violate health, safety, human rights, existing legislation provisions, general principles of law and abide by ethical principles in surveys, interviews, observations, field studies, applications and examinations to be carried out on people in authorized research / projects,

16. I will deliver the result reports related to the research to the unit where I have permission within 30 days from the end date of the study,

 I declare that I accept.

 Research Name:

Researcher:

 ....../....../........(Date)

 Name and Surname

 Signature