| APPLICATION FOR ETHICS ACCESS  |  |           |      |  |
|--|--|-----------|------|--|
| Personal Information   |  |           |      |  |
| Title UP Research Faculty  |  |           |      |  |
|  |  |           |      |  |
| Initials Surname   |  |           |      |  |
|  |  |           |      |  |
| EMPLID (For Office Use) Institution  |  |           |      |  |
|  |  |           |      |  |
| Telephone no.  |  |           |      |  |
|  |  |           |      |  |
| Email Address.   |  |           |      |  |
|  |  |           |      |  |
| Mark the sub-system(s) you require access to: Ethics Access  1. Ethics Application and Approval System  Motivation for the use of above-mentioned function(s):   |  |           |      |  |
| I, the undersigned, hereby undertake:  |  |           |      |  |
| <ul> <li>To use this computer facility only for the purpose of which it has been requested.</li> <li>Not to make use of any Peoplesoft userID and password available to anyone;</li> </ul>                               |  |           |      |  |
| Failure to adhere to the above-mentioned conditions, amounts to misconduct and may lead to disciplinary action.  This form must be printed out, completed and sent to the UP Student Supervisor or Ethics Administrator. |  |           |      |  |
| This form must be printed out, completed and sent to the OF Stadent Supervisor of Ethics Administrator.  |  |           |      |  |
|  |  |           |      |  |
| Signature Signature of SS or Ethics Administrator  |  |           |      |  |
|  |  |           |      |  |
| SS or Ethics Administrator (Surname and Initials)  0 1 2   |  |           |      |  |
| Date   |  | Telephone | e no |  |