**Research Student Information and Consent Form**

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| **A** | **Student Information** | |
| Name |  |
| Address |  |
| Mobile phone number |  |
| Email address |  |

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| **B** | **Research and Advisor Information** | |
| Name of the advisor  (must be a staff member of the department of chemistry) |  |
|  |  |
| Projected duration of research |  |
| State whether any hazardous chemicals\* are used. If yes, please specify.  \*Any chemical which cause serious, irreversible or potentially fatal health effects such as carcinogenicity, mutagenicity, reproductive toxicity, respiratory sensitization or serious physical chemical effects such as explosion.  Please use the other side of the page if necessary. |  |

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| **C** | We understand that the University of Sri Jayewardenepura is not liable for any incident or emergency situation happens during the research conduct. Further, we agree to complete the research work during the above mentioned time period and to submit a written request through the advisor for an extension if necessary.    ……………………………………..... ……………………………...  Signature of the student Date  ……………………………………… ……………………………..  Signature of the advisor Date |

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| **D** | ……………………………………… …………………………….  Signature of the Head of the Department Date |