**Request to facilitate the mission of a researcher for University employees**

|  |
| --- |
| **Personal information**  |
|  | Email address  |  | Name  |
|  | Mobile No |  | Faculty  |
|  | Researcher specialization |  | Department  |
|  Other □ Faculty member □ Scholarship student □ | Job title |
| **Research information** |
|  | Research title |
| Other (indicate) □ Interviews □ experiment □ Questionnaire □ | Research tools  |
|  | Survey barcode  |  | Survey link (if any) |
|  others(indicate) □ Students □ Faculty member □  | Target group |
| From / /2023To / /2023 | Duration of study  |
| **Terms and conditions to facilitate the task** |
| * Adhere to the rules, regulations, and instructions throughout the duration of the research mission.
* Not to use the university's logo and name for purposes other than the research mission.
* Respecting the intellectual property rights of the university and not taking any action that is considered an assault on what falls within its intellectual property.
* The objectives and tools of the study are free of legal or regulatory observations, and their agreement with the goals and policy of education and education in the Kingdom of Saudi Arabia.
* Commitment to provide the research tools that the researcher wishes to apply by placing them all in a pdf file and attaching them to the application.
* The researcher undertakes to maintain the confidentiality of the information and data he obtains from the university employees for research purposes only.
* Referring to the university's contribution to facilitating the researcher's task regarding the application of the tools that were used, in an appropriate phrase within the research when it is completed.
* A certificate of ethical approval to conduct the research if required (you can contact the Committee for Research Ethics at the University of Tabuk via e-mail (rec@ut.edu.sa)
 |
|  **acknowledgment** |
| I acknowledge the validity of the data and information contained in this application. I also acknowledge that I have reviewed all the rules to facilitate the task, and I undertake to abide by them, and I bear full responsibility in the event of their violation of that. |
|  | Signature  |  | Date  |  | Name  |
| Nots:  |