UNIVERSITY OF PROFESSIONAL STUDIES. ACCRA (UPSA) OFFICE OF DOCTORAL PROGRAMMES (ODP)

INDIVIDUAL CONSENT

I,.....of .....do acknowledge that Prof/Dr./Mr./Mrs./Ms.....
is a faculty/student at UPSA. I further understand that the faculty/student has to complete a research project as part of his/her research for which data from me is required.

I hereby consent to the faculty/student using data acquired from me for the purposes of the research.
My consent is subject to the following conditions, which I insert in my own handwriting:
.....
.....
.....
.....I understand that the information obtained by the faculty/student from me will be kept strictly confidential and only viewed by the faculty/student, the project examiners and essential UPSA staff, except where I have otherwise granted consent in writing.

I accept that my participation in this research is voluntary and that I may withdraw my consent to participate at any time.

Respondent's signature: .....

Date of consent: .....