



UNIVERSITY OF CAMBRIDGE

Department of Politics and
International Studies

Ethics Confirmation Form

Personal Information:

Full Name:

Email address:

Telephone number:

Name of Programme:

(e.g. MPhil in African Studies):

Supervisor Details:

Name:

Department

Email address:

Dissertation Title:**Description of Research:**

(Please explain why ethical approval is not necessary):

Student Signature:

Date:

Supervisor Signature:

Date:

Once completed and signed, please send to your programme administrator