*Dear Staff-In-Charge,*

*Thank you for the participation. All information on this form is kept confidential for the sole purposes stated, and not to be disclosed to any additional parties.*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Staff-in-charge of the School/Dept/Centre) acknowledge that the students listed below have received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (description of physical token) or $\_\_\_\_\_\_\_ (Cash/Cash Voucher\*)for participating in the survey/research study of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (survey/research title)

*\* please delete as appropriate*

|  |  |  |
| --- | --- | --- |
| **S/N** | **Student Name** | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
| *Remarks:* | | |
| School/Dept/Centre: | |  |
| School/Dept/Centre’s Contact Number: | |  |
| Name of Staff-in-Charge: | |  |
| Staff-in-Charge’s Designation: | |  |
| Staff-in-Charge Signature: | |  |