



UNIVERSITY OF
KWAZULU-NATAL™
INYUVESI
YAKWAZULU-NATALI

RESEARCH RELATED FORM

FORM 1

Name of UKZN Principal Investigator _____

Department / School / College _____

Title of Project _____

PROJECT FOCUS AREA _____

Funder _____

PRINCIPAL INVESTIGATOR (PI)

Name	Highest Qualification eg. PhD	Race	Gender	Nationality	Affiliation to UKZN

TEAM MEMBERS

Name	Highest Qualification eg. PhD	Race	Gender	Nationality	Affiliation to UKZN

***** Signatures on next page *****

UNDERTAKING BY PRINCIPAL INVESTIGATOR:

As the Principal investigator for the above Project, I confirm that I have read the documentation regulating the Project, including the contract, the annexures to the contract and all Project description document.

I confirm that:

- I am willing to undertake the Project on behalf of the University of KwaZulu-Natal;
- I will be able to meet the deliverables for the Project as specified in the contract and supporting documents, within the specified time-frames;
- I will be able to undertake the Project within the agreed budget.

NAME OF UKZN PRINCIPAL INVESTIGATOR

SIGNATURE

DATE

UNDERTAKING / APPROVAL OF DEAN AND HEAD OF SCHOOL

As the Line Manager for the Principal Investigator, I confirm that I have read the documentation regulating the Project, including the contract, the annexures to the contract and all project description documents.

I confirm that:

- The Principal Investigator has the necessary approvals to carry out the Project, in terms of the University of KwaZulu-Natal's applicable policies;
- The Principal Investigator has the approval for the Discipline School College (*tick applicable*) to carry out the Project within the Discipline School College (*tick applicable*);
- The Discipline / School / College has the necessary resources to support the conduct of the Project, as required by the Contract, and is willing to make these resources available to the Principal Investigator for the conduct of the Project;
- I am comfortable for this document to be forwarded to the University Dean of Research or Deputy Vice Chancellor(Research) for approval

NAME OF DEAN AND HEAD OF SCHOOL

SIGNATURE

DATE

NAME OF COLLEGE DEAN OF RESEARCH

SIGNATURE

DATE