**College of Applied Medical Sciences**

**Research Unit**

**Research methodology course I and II**

**Supervisor and students Authorship Agreement**

This agreement is intended to plan and document the authorship contribution of students’ project at the College of Applied Medical Sciences.

I am Prof/Dr./Mr/Ms ……………………………………………………………, the principal investigator of student project titled……………………………………………………………………………………………………………………………………………………………………from ………………………………… program. The following names will be in the co-author list of the proposal and any publication output from this research (abstract, conference presentation, manuscript).

* Name of co-author
* Name of students
* After signing this agreement, the Principal Investigator (PI) or co-author is not entitled to change / add / remove any group member without notification and approval of the Research Unit and the Academic Affairs at College of Applied Medical Science.

**Name and signature of Principal Investigator**

**Name and signature of co-authors and students**