

**APPENDIX I**

**UNIVERSITY OF PROFESSIONAL STUDIES. ACCRA (UPSA)**

**OFFICE OF DOCTORAL PROGRAMMES (ODP)**

**ORGANIZATION CONSENT**

I, ..... on behalf of  
.....  
do acknowledge that Prof./Dr./Mr./Mrs/Miss.....  
is a faculty/student at UPSA. I further understand that the he/she has to complete a research  
study, for which, data is required from me as a representative of our organization.

My consent is subject to the following conditions, which I insert in my own handwriting:

.....  
.....  
.....  
.....

I hereby consent to the faculty/student utilizing the data required for the research and do  
confirm that I am authorized to grant this consent on behalf of the company.

I understand that the information obtained by the 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.

Respondent's signature: .....

Respondent's job title .....

Date of consent: .....