



NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT

School for Continuing Teacher Education
Private Bag X6001
Potchefstroom
2520
South Africa
24 March 2010

Mathematics Education Student

Tumaini University
Iringa University College
Tanzania

Dear Sir / Madam

Permission to participate in research

I, Dorothy Joy Laubscher, am a MEd student enrolled at the School for Continuing Teacher Education, North-West University, Potchefstroom Campus. I intend to collect data for my research study on learning and teaching. The title of my proposed dissertation is: *Mathematics teacher-students' attitude towards Information and Communication Technology across three countries.*

I hereby humbly request that you complete a questionnaire on your attitude to and experiences concerning computers and ICT. The questionnaire will take less than 30 minutes to complete.

I pledge to maintain the professional and research ethical codes. This signifies that:

- Your participation in this research remains voluntary and you may, at any time, withdraw from the research
- Your personal information, at all times, will be treated as confidential
- No demands will be made on your academic teaching program
- Should you be interested, the research findings will be made available to you.

Could you please provide me with your written consent by filling in the section on the next page. If you do not wish to participate in this research by not completing the questionnaire, it will not be held against you, as participation is voluntary. Please return the consent form to me. Your input and opinions are greatly appreciated!

Yours sincerely

D.J. Laubscher

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Permission to Research Project:

Mathematics teacher-students' attitude towards Information and Communication Technology across three countries

LETTER OF PERMISSION: RESEARCH PARTICIPANT

I, _____, (name and surname)

a student from _____ (name of University)

hereby give my permission to participate in the above mentioned research project. I am aware that my participation in this study remains voluntary and that I, at any time, may withdraw from the research. I understand that if I do not wish to participate in this research by not completing the questionnaire, it will not be held against me, as participation is voluntary. I also understand that all personal information will be treated as confidential by the researchers.

Name and signature

Date