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| **Application --- The Study Plan***Keep it brief; however, you can expand this table as needed.***(NO HANDWRITTEN APPLICATIONS WILL BE ACCEPTED)** |
| **Student’s Name & Contact Info** |  |
| **Project Title:** |  |
| **Category:** | Research Rubric 1  *BASIC*  *CLINICAL*  *POPULATION/PUBLIC HEALTH* Research Rubric 2 *Community Service Learning*  *Global Health*  *Other*   |
| **Project Stage:** |  □ *Starting a New Project*Do you have IRB/IACUC approval? *Yes*  *No*   N/A Human Subjects Training*?**Yes*  *No*  N/AUHS/ VA Approval*?**Yes*  *No*  N/A |  □ *Continuing a Project* |  □ *Completing a Project* |
| **Specific Aims:** | *State concisely the goals of the proposed project and summarize the expected outcome(s), including the**impact that the results will have on the field(s) involved.* |
|  |
| **Strategy:***Significance* | *Explain the importance of the problem that this project addresses.**Explain how the proposed project will improve scientific knowledge and/or clinical practice.* |
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| *Innovation**(If applicable)* | *Explain how the proposed project challenges or adds to current research, clinical practice paradigms, community base participatory research.**Describe any novel methods, instrumentation or interventions to be used, and any advantage over existing**methods, instrumentation or interventions.* |
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| *Approach* | *Describe the overall strategy, study design, study conditions (e.g., treatments/interventions), method for**gathering data, sampling strategy and sample size, and data analysis.* |
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| **Preliminary Work:** | *If this is an ongoing project, briefly describe the work you have completed to date.* |
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| **Student’s Signature:****Mentor’s****Signature:** |   **Signature Date****I have read and approved above study plan.** **Signature Date** |





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| **Application --- The Mentor Agreement** |
| **Mentor’s Name and Contact Information:** |  |
| **Your Expectations:** | *What do you expect the student to accomplish during the directed study course?* |
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| **Your Resources:** | *What training and experiences will you provide for the student?**What other resources will you make available for the student?* |
|  |
| **Supervision:** | *Your active engagement with the student is extremely important. Do you agree to meet at**least weekly with the student during this time?* |
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| *Are you a faculty member at the University Texas Rio Grande Valley?* |
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| *Are there others on your team who will also supervise the student’s work? Describe.* |
|  |
| **Evaluation:** | *We will expect a written report from the student following this directed study course. Do you agree**to complete the evaluation of the student within two weeks following the course?* |
|  |
| **Mentor’s Signature:** | *I agree to provide mentorship to this student during the Directed Study Course.***Student’s Name:** |
| **Mentor’s Signature and Date:** |