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| **9331 Application --- The Study Plan**MS3 MS4 *Keep it brief; however, you can expand this table as needed.***(NO HANDWRITTEN APPLICATIONS WILL BE ACCEPTED)** |
| **Student’s Name & Contact Info** |  |
| **Project Title:** **Block #**  |  |
| **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.* |
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| **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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| **9331 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?* |
|  |
| *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 and to abide by the zero-tolerance for student mistreatment policy below.***Student’s Name:** |
| **Mentor’s Signature and Date:** |

**Learning Environment -** **Zero Tolerance**

UTRGV School of Medicine has zero-tolerance for student mistreatment. It is committed to maintaining an environment where there is mutual respect between students, teachers, peers, patients, and all members of the education and health care teams. See [Teacher Learner Compact](https://nam01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.utrgv.edu%2Fsom%2Fstudent-affairs%2F_files%2Fdocuments%2F2017%2FTeacher-Learner-Compact.pdf&data=02%7C01%7Candreas.holzenburg%40utrgv.edu%7C40396aa64228401083be08d7abf24797%7C990436a687df491c91249afa91f88827%7C0%7C0%7C637166929386265464&sdata=K2FPfsRqaZQWKhaltVAD7CoO%2FmeAW1Z91FGgOfd12vE%3D&reserved=0) and the complete [Mistreatment Policy](https://nam01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.utrgv.edu%2Fsom%2Fstudent-affairs%2F_files%2Fdocuments%2Futrgv-som-medical-student-mistreatment-policy.pdf&data=02%7C01%7Candreas.holzenburg%40utrgv.edu%7C40396aa64228401083be08d7abf24797%7C990436a687df491c91249afa91f88827%7C0%7C0%7C637166929386275455&sdata=EG1U8Z0GnB%2FnA7zcDV%2BKEHDm6JwCF1sG77eS3%2FTMB6A%3D&reserved=0).

To maintain an optimal learning environment, instances of alleged mistreatment will be investigated, and appropriate measures will be taken to stop the mistreatment. Retaliation against reports of mistreatment is not tolerated. To report mistreatment or unprofessional behavior in an academic or clinical setting: Go online and make a mistreatment report via [Vaqueros Report It](https://nam01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.utrgv.edu%2Fen-us%2Fstudent-experience%2Freport-it%2F&data=02%7C01%7Candreas.holzenburg%40utrgv.edu%7C40396aa64228401083be08d7abf24797%7C990436a687df491c91249afa91f88827%7C0%7C0%7C637166929386275455&sdata=ryAQTgwCuus5JkDfsIHexnKx5sRYxEEbiMdma97KTZc%3D&reserved=0)

For more information, please refer to the Office of Student Affairs ‘Learning Environment’ webpage:

[https://www.utrgv.edu/som/student-affairs/student-mistreatment-learning-environment/index.htm](https://nam01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.utrgv.edu%2Fsom%2Fstudent-affairs%2Fstudent-mistreatment-learning-environment%2Findex.htm&data=02%7C01%7Candreas.holzenburg%40utrgv.edu%7C40396aa64228401083be08d7abf24797%7C990436a687df491c91249afa91f88827%7C0%7C0%7C637166929386285453&sdata=ONjvcrEcDof8aTt1xvO3lfuodYMfXOQtuvspn7FshL0%3D&reserved=0)