# **PROPOSAL FOR SUMMER RESEARCH PROGRAM 2025**

(Deadline: 4 pm on April 11<sup>th</sup>, 2025)

Project title:				
	STUDEN'	T INFORM	MATION	
STUDENT RESEARCHER:	(Please Print or Type Name	e)		
STUDENT ID#:				
University e-mail:				
Academic Program (Please c	circle): DH	DMD	DMD/MSOB	MSOB
Year of study:				
Expected graduation year:				
Student signature:				
	FACULTY ME	NTOR DE	CLARATION	
I have discussed the propos and oversight for the duration week commitment of time be endeavor to have this wor required.	on of the summer pr both from myself and	oject. I undo the studen	erstand that this project t. <i>If appropriate,</i> from t	t will require up to a 10- he data generated, I will
I assume i	responsibility for the	ethical cond	luct of the proposed res	earch.
I assume responsi	ibility for project reso	ources other	than the student allow	ince of \$3000.
All individuals	involved with this pro	oject have r	ead the final copy of thi	s proposal.
FACULTY MENTOR:	(Please Print or Type Name	·)		
Mentor signature:				

## **CO-INVESTIGATOR(S) DECLARATION**

I have read the final copy of this proposal and agree to assist with the proposed research.

### LOCATION WHERE RESEARCH WILL BE CONDUCTED

**Department:** 

**Lab Location/Room Number:** 

#### RESEARCH ETHICS AND COMPLIANCE

The proposed research involves:

Human Studies:	N	Υ	If Yes, IRB Approval Code:
Animals:	N	Υ	If Yes, IACUC Approval Code:
Radioactive Materials	N	Υ	If Yes, IBC Approval Code:
Recombinant DNA	N	Υ	If Yes, IBC Approval Code:
Infectious Agents	N	Υ	If Yes, IBC Approval Code:

All pending approvals must be completed prior to the award of the student stipend and the initiation of the project. **Please note that IRB approval may take several weeks to obtain.** All individuals working with animals, animal tissues or radioactive materials must complete the appropriate training courses prior to initiating the research.

## **STUDY POWER AND DATA ANALYSES**

Please ensure that biostatistics have been considered in the plan.							
Is biostatistics support required (other than from the study mentor)?	YES	NO					
If YES, please contact Dr. Michael Sekula prior to submitting this proposal via	michael.sekula@	<u> </u>					
ADDITIONAL STUDENT INFORMATION	N						
Home Mailing Address:							
Phone number:							
CGPA:							
Are you currently a paid employee of the University or School of Dentistry?	YES	NO					
Do you have a Social Security Number?	YES	NO					
Have you participated in the Summer Research Program before?	YES	NO					
Do you have an externship planned for this summer?	YES	NO					
Have you participated in the SRP previously?	YES	NO					
If yes, primary mentor:							

### **APPLICATION REQUIREMENTS**

Organize a brief (1 -2 pages) research proposal as follows:

- A. Biomedical problem or issue
- B. Significance of the Project
- C. Hypothesis
- D. Specific Aims
- E. Background
- F. Research Plan
- G. Expected Outcome(s)
- H. Key References
- **I.** Resources Available for the proposed research: Patients, clinic time, equipment, etc.
- **K. Biography:** Provide student's background and research interests (in 100 words or less). Please note: There is no need to have any prior research experience.

#### **SUBMISSION PROCESS**

Submit a <u>signed digital</u> copy (in .pdf or .doc format) of the completed application with all required signatures and approvals to:

Dr. David A. Scott via david.scott@louisville.edu

## SUBMISSION DEADLINE: 4:00 pm on Friday, April 11, 2025

LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

If more applications are received than available positions, research proposals will be reviewed by a committee composed of Dental School Faculty to select the most meritorious projects. Decisions of the committee will be final.

Students interested in partaking in the DMD/MS in Oral Biology dual degree program are encouraged to contact the program director, Dr. Gill Diamond, via <a href="mailto:gill.diamond@louisville.edu">gill.diamond@louisville.edu</a>.