

# PROPOSAL FOR SUMMER RESEARCH PROGRAM 2023

(Deadline: 4pm on April 7<sup>th</sup>, 2023)

**Project title:**

## STUDENT INFORMATION

**STUDENT RESEARCHER:**

*(Please Print or Type Name)*

**STUDENT ID#:**

**University email:**

**Academic Program (Please circle):**    **DH**                      **DMD**                      **DMD/MSOB**                      **MSOB**

**Year of study:**

**Expected graduation year:**

**Student signature:** \_\_\_\_\_

## FACULTY MENTOR DECLARATION

I have discussed the proposed project with the student and co-investigators and agree to provide guidance and oversight for the duration of the summer project. I understand that this project will require up to a 10 week commitment of time both from myself and the student. *If appropriate*, from the data generated, I will endeavor to have this work published in a peer-reviewed journal. I will provide research materials, if required.

***I assume responsibility for the ethical conduct of the proposed research.***

**All individuals involved with this project have read the final copy of this 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.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
*(Please Print or Type Name)*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## LOCATION WHERE RESEARCH WILL BE CONDUCTED

Department: \_\_\_\_\_

Lab Location/Room Number: \_\_\_\_\_

## RESEARCH ETHICS AND COMPLIANCE

The proposed research involves:

Human Studies:            N     Y     IRB Approval Code: \_\_\_\_\_

Animals:                    N     Y     IACUC Approval Code: \_\_\_\_\_

Radioactive Materials    N     Y     IBC Approval Code: \_\_\_\_\_

Recombinant DNA         N     Y     IBC Approval Code: \_\_\_\_\_

Infectious Agents        N     Y     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.*

## ADDITIONAL STUDENT INFORMATION

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 research proposal as follows:

- A. Biomedical problem or issue
- B. Significance of the Project
- C. Hypothesis
- D. Specific Aims
- E. Background
- F. Research Plan

*Please ensure that biostatistics (power; data analysis plan, etc) have been considered in the plan.*

*Consults with Dr. Michael Sekula should be arranged via [michael.sekula@louisville.edu](mailto:michael.sekula@louisville.edu)*

## G. Expected Outcome

*The page limit for Sections A – G is TWO (2) pages.*

On separate pages:

## H. Key References

I. **Resources Available for the proposed research:** Patients, clinic time, equipment, etc.

K. **Brief biography:** Provide student's background and research interests (in 200 words or less).

## SUBMISSION PROCESS

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

**Dr. David A. Scott**

School of Dentistry, Room 260B

University of Louisville

Louisville, KY 40292

[david.scott@louisville.edu](mailto:david.scott@louisville.edu)

**SUBMISSION DEADLINE: 4:00 pm on Friday, April 7, 2023**

**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 [gill.diamond@louisville.edu](mailto:gill.diamond@louisville.edu).***