

APPLICATION COVER PAGE

STUDENT INFORMATION

Full Name	
Class Year	
E-mail	
Phone	

FACULTY MENTOR INFORMATION

Full Name	
Title	
Dept.	
E-mail	
Phone	

FACULTY MENTOR'S CERTIFICATION:

"I certify that I have read the student's proposal, that I am willing to advise the student over the project time period, and that I will provide the resources, space, facilities, supplies, time, and personal commitment needed for its successful completion."

Project Type:
 Basic Science Research
 Clinical Research
 Project focuses on OMM
 Project focuses on geriatrics or gerontology

Faculty Mentor's Signature _____

_____ Date

Note: In lieu of a signature, please send an email from the mentor's university account with the subject "SMRF" containing the student's name and the above quoted text to: somresearch@rowan.edu

PROJECT INFORMATION

Project Title

Project Location

Use of Human Subjects: Yes No

If Yes: Direct Contact Blood/Tissues

Use of Vertebrate Animals: Yes No

Use of Laboratory: Yes No

If Yes (check all applicable): Radioisotopes Recombinant DNA
 Biohazards Hazardous Materials

If "Yes" to the use of Human Subjects and/or Vertebrate Animals, please provide the following information: approved IRB and/or IACUC protocol numbers, PI name, and project title. IRB Approval and/or IACUC protocol numbers must be turned into the SOM Senior Associate Dean for Research Office located in the UEC Building, Stratford Campus, Suite 1031 prior to June 1, 2020 or the project will be disqualified and the student will not receive a stipend.

If applicable to the project, please provide information on the sponsored research: PI name, funding agency, grant/award number, and project title.