**AOSC Project Proposal**

**Student Name:**

**AOSC Faculty Advisor:** Click here to enter text.

**Mentor Name:** Click here to enter text.

**Mentor Department and Division:** Click here to enter text.

**Mentor Email:** Click here to enter text.

**Date**: Click here to enter a date.

**Project Title:**  Click here to enter text.

**Background:**

**Hypothesis or Research Question:**

**Significance:**

**Study Design (1 page maximum):**

**Subjects (if applicable)**

**Entry Criteria:** Click here to enter text.

**Recruitment:**  Click here to enter text.

**Role of Student:** Click here to enter text.

**Justification of project feasibility:** Click here to enter text.

**Statistical Analysis (statistical consultation can be provided):** Click here to enter text.

**Does the study require IRB approval?** Click here to enter text.

**If yes, please select one of the following:**

[ ] **I plan to submit a new IRB study for Expedited Review**

[ ] **I plan to submit a new IRB study for Full Board Review**

[ ] **I plan to submit a revision to a currently approved IRB study Expedited Review**

[ ]  **I plan to submit a revision to a currently approved IRB study Full Board Review**

[ ] **I plan to submit a new IRB study for Exempt Review**

**IRB Project number** Click here to enter text.

**Appropriate references (approximately 5-20) should be provided.**