

COPH Application for Doctoral Research Support
Cover Page

Project Title: _____

Student Investigator Name: _____

Student ID #: _____

Semester and Year started in doctoral program (e.g. Fall, 2014): _____

Your Degree Program:

- PhD Epidemiology
- PhD Health Promotion & Preventive Research
- PhD Health Systems & Services Research
- DrPH

Students must be registered for the semesters during which they will (i) receive the award and (ii) conduct their research. Please indicate if you are currently enrolled for at least 1 credit in COPH courses:

Yes No

Total funds requested: _____ (Note: The total amount available for COPH Doctoral Research Support Awards for the 2016-2017 academic year is \$5000.00).

Duration of your research study:

Anticipated start date: _____ Anticipated end date: _____

Have you submitted the request for research determination to the Institutional Review Board (IRB)? Yes No

If yes, date request submitted: _____? What was the determination? _____

APPLICATION COMPONENTS:

Your Doctoral Research Support Application must include the following:

1. Cover Page: Completed and containing all signatures.
2. Project Description: Please use the form on page 2.
3. Budget Justification: Please use the form on page 3.
4. Your request for determination (and response, if given) to the Institutional Review Board (IRB).
5. Bio sketch: Please use the new NIH Biographical Sketch Format (<http://grants.nih.gov/grants/forms/biosketch.htm>)
6. Letter of support from dissertation advisor addressing the specific need for the request.

Please use Arial font, 10 pt, 1 inch margins, with line spacing of 1.5 lines

DEADLINES:

- Applications are due December 1, 2016
- Award Decisions are made December 31, 2016
- Awarded funds are spent (January 1, 2017 – June 30, 2017)

ENDORSEMENT SIGNATURES: By signing below, the doctoral student, dissertation advisor and department chair acknowledge that the applicant has passed the comprehensive examination. The student also agrees to submit a progress report to the Office of the Dean at the end of the funding period.

Doctoral Student Signature Date

Dissertation Advisor Signature Date

Doctoral Program Director Signature Date

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Project Description

Project Title: _____

Student Investigator Name: _____

Project Abstract (Not to exceed 300 words total). Be sure to address the following:

- **Specific Aims:** What are the broad long-term objectives? What is the research intended to accomplish? What hypotheses are to be tested?
- **Background and Significance:** What is the background leading to your application? What is your evaluation of existing knowledge in the field of study? What gaps of knowledge does your project intend to fill?
- **Preliminary Studies:** What (if any) prior research studies have you have conducted or participated in which are related to this project?
- **Research Design and Methods:** What is your research design? What procedures will you will use to accomplish the specific objectives of your project?
- **Human Subjects:** How will you use human subjects in your research?

COPH Application for Doctoral Research Support
Budget Justification

Project Title: _____

Student Investigator Name: _____

Budget and Justification

All expense items must be related to the project and justified. Appropriate expense items may include, but are not limited to the following: data collection, travel for data collection, small incentive gifts for participants, survey printing and mailing, online survey fees, purchase of data sets, printing costs, purchase of software packages, fees for using a copyrighted instrument, special laboratory supplies, long-distance telephone/fax charges. Please note that there is a separate application for travel related to professional conferences, professional training workshops, and other external education-related opportunities.

Total amount requested: \$ _____

Please provide a detailed budget justification below. For each (i) item, include (ii) purpose related to your project and (iii) estimated cost.