The Hitchcock Foundation

One Medical Center Drive

Lebanon, NH 03756

APPLICATION FOR THE STUDENT RESEARCH AWARD COVER PAGE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title of Project:** | | | | | |
| **The project will use human subjects:**  **Yes**  **No**  *If yes, please contact CPHS or the D-H IRB for additional information and/or assistance.* | | | | | |
| **The project will use or disclose Protected Health Information (PHI):**  **Yes**  **No**  *If yes, please review the Research Data Handbook and contact the Dartmouth Health SYNERGY informatics group for additional information and/or assistance.* | | | | | |
| **The project will use live animals**  **Yes**  **No**  *If yes, please contact IACUC for additional information and/or assistance* | | | | | |
| *NOTE: Human Subjects (IRB) or Institutional Animal Care and Use Committee (IACUC) approval must be on file prior to release of funds.* | | | | | |
|  | |  | | | |
| **Budget Amount Requested:** | $ | | **Dates of Project: Begin** xx/xx/xxxx - **End** xx/xx/xxxx | | |
|  | |  | | | |
| **Student/Applicant Name:** | |  | | | |
| **Email & Telephone:** | |  | | | |
| **Mailing Address:** | |  | | | |
| **Training Program:** | | MD MD-MBA MD-MPS MD-MS MD-MEng  MD-PhD PhD | | | |
| **Graduate School:** | |  | | | |
|  | |  | | | |
| **Mentor/Research Advisor Name:** | |  | | | |
| **Degree & Title:** | |  | | | |
| **Department:** | |  | | **Section:** |  |
|  | |  | | | |
| **Where will the project be conducted?** | |  | | | |
| *Examples of the hosting department might be: Dr. Smith’s Lab, Rheumatology Clinic, etc.* | | | | | |
| **Host Department:** | |  | | **Dept Chair:** |  |
| **Host Section:** | |  | | **Sect Chief:** |  |

I acknowledge and understand the terms and conditions of this application.

Applicant Signature:

Mentor’s Approval:

Signature Printed Name

Approval from the hosting Department:

Chair or Section Chief’s Signature Printed Name