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** |
| *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:** |  |
| **Medical School Training Phase:** | [ ]  **Phase 1** [ ]  **Phase 2** [ ]  **Phase 3** |
|  |  |
| **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