



Faculty Project Proposal for MPT Research Projects 2019

Personal Information

Name:		NSID:	
Email Address:		Telephone:	

Project Details

Project Title:			
Expected Start Date:			
Project Length:	<input type="checkbox"/> Full Project (300 Hours)	<input type="checkbox"/> Half Project (150 Hours)	
Project Level	<input type="checkbox"/> First Year	<input type="checkbox"/> Second Year	<input type="checkbox"/> First or Second Year
Project Type:	<input type="checkbox"/> Clinical	<input type="checkbox"/> Biomedical	<input type="checkbox"/> Quality Improvement
<input type="checkbox"/> Retrospective Chart Review		<input type="checkbox"/> Other (specify):	
Will this project be linked to a research clinical placement?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
If yes, have you received approval from the Academic Coordinator of Clinical Education? Please attach a letter of support			<input type="checkbox"/> Yes / <input type="checkbox"/> No

Project Description

Be sure to include background, research topic, and description of general duties.