

# Project PROPOSAL Approval

Must be completed and submitted to program office before starting final project.

Student: \_\_\_\_\_ UCID: M \_\_\_\_\_

Mentor/Advisor: \_\_\_\_\_ 2<sup>nd</sup> Reader: \_\_\_\_\_

Working Project Title: \_\_\_\_\_

Style guide used:  APA  Other/journal \_\_\_\_\_

## Instructions to Student

Complete the top of this form and submit it with your project proposal document to your primary research mentor and your 2<sup>nd</sup> reader. You are also strongly encouraged to develop and share with them a project calendar or timeline.

They will evaluate your final project proposal and either accept it as-is or let you know what revisions are needed to make it acceptable. Once they accept your proposal, you can begin work on your final project.

## Instructions to Mentor and 2<sup>nd</sup> Reader

Review the student's project proposal. The proposal should be for a project that is of academic interest to a general medical education audience or to the student's medical education area of specialty. Please see rubrics for specific requirements, but in general, the proposal should be (1) well-written and should (2) clearly articulate the student's research question, (3) demonstrate an adequate understanding of the prior literature and how it relates to the research question, (4) include an appropriate and achievable data collection methodology, and (5) propose use of quantitative and/or qualitative data analysis methods that are appropriate for the research question and data to be collected.

If the proposal is not acceptable as-is, work with the student to develop an acceptable proposal. **When you agree that the proposal is acceptable, please sign below and forward this form AND the student's proposal document to the program coordinator, Lea Alae**—lea.alae@cchmc.org or fax 513-636-7247. The proposal must be a final, clean version and can be a PDF or Word document. We only need one copy of the proposal, but can receive separate approval forms from the mentor and 2<sup>nd</sup> reader. The proposal and approval can also be mailed if necessary. Please keep a copy of this form for your records.

### Mentor Assessment

I agree that the project proposal is **Acceptable**. The student may begin the final master's project.

Comments (optional):

### 2<sup>nd</sup> Reader Assessment

I agree that the project proposal is **Acceptable**. The student may begin the final master's project.

Comments (optional):

\_\_\_\_\_  
Mentor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
2<sup>nd</sup> Reader's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email (if not at Cincinnati Children's)

\_\_\_\_\_  
Email (if not at Cincinnati Children's)