

RESEARCH OPTION

Student Information

Term: _____ Date: _____

Name: _____
Last First M.I.

Email: _____ Phone: _____

Research Proposal

Title of Research Study: _____

Research Advisor: _____

Description of Research:

Required Journal Submission

List at least 3 journals you intend to submit the manuscript upon completion (before the end of the semester).

Submission Requirements

Attach a copy of the following:

- ☐ a statement of the objectives of the research
- ☐ a brief literature review
- ☐ a list of your research hypotheses
- ☐ a discussion of your proposed methodology
- ☐ a comprehensive description of all procedures, including the number of subjects and time required
- ☐ copies of all instruments that will be used for data collection (including questions for qualitative measures)
- ☐ Remember that you will need IRB approval.

Signatures

Faculty Supervisor

Date

Research Advisor

Date

Student

Date