

RESIDENT RESEARCH PROPOSAL

Title Page

Project Title:

Applicant Information:

Name: _____

Academic Rank & Department _____

Campus Address: _____

Campus E-mail: _____

Phone Number: _____

Applicant Signature

Date

Faculty Mentor Information:

Name: _____

Academic Rank & Department _____

Campus Address: _____

Campus E-mail: _____

Phone Number: _____

Faculty Mentor Signature

Date

Statement of Commitment

This is a statement of commitment of matching financial support for the above titled project. The department of _____ at LSUHSC is committed to providing matching financial support for the study as described in the budget.

Printed Name

Department Head Signature

Date