



MS in Clinical Investigation Project Plan and Committee Form

Part I. Title Page

Student Name: _____ email: _____

Semester and year planning to graduate: ☐ Spring ☐ Summer ☐ Fall

of year _____

Type of Project:

- ☐ Grant Proposal
- ☐ Manuscript describing research results, for submission to a peer-reviewed journal

Title of Proposed Project:

Student Signature: _____ Date: _____

To the student: Please complete this form with the information that is available at the time when you begin taking research credits (MDCRC 6960). We recognize that you and your committee may decide to modify aspects of your project as you progress. There is no need to resubmit this form in the case of minor changes. If you make substantial changes such as changes in committee membership or overall direction of the project, please inform the MSCI program of the change by email, MSCI_Admin@lists.utah.edu. The student is responsible for complying with deadlines and rules of the Graduate School <https://gradschool.utah.edu/graduate-catalog/>.

MSCI PROGRAM USE		
Reviewed by:	Reviewed by:	Reviewed by:
<input type="radio"/> Plan and committee approved.	<input type="radio"/> Plan and committee approved.	<input type="radio"/> Plan and committee approved.
<input type="radio"/> Revisions requested.	<input type="radio"/> Revisions requested.	<input type="radio"/> Revisions requested.
Date: _____	Date: _____	Date: _____
Date entered in Graduate Tracking System: _____ by: _____		

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Part II. Project Details

Note: Boxes will expand to accommodate text.

1. State the aims of the planned research project, or draft aims of the planned grant.

2. Briefly describe the overall study design of the planned project.

3. Identify the data collection methods that will be used.

4. State the primary data analysis approach(es) that will be applied.

5. Identify the roles of the MS student and committee members in the project.

Contributed to or will contribute to:	Student	Committee Chair	Committee Member 2	Committee Member 3	Committee Member 4	Committee Member 5
Conception of the aims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing the study design and methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deciding on the data analysis approach(es)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation of results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Part III. Committee Members

A master's degree committee consists of a chair and at least two other faculty members. The chair, and the majority of the committee must be tenured or tenure-track (also called tenure-line) faculty, or a waiver of this requirement must be requested. It is recommended that one member be from the MSCI core faculty, i.e. a track director or someone who teaches a course in the MSCI program. The student should type or print the committee members' names below and obtain their signatures.

To the committee members: By signing below, you verify that you

- have provided input into the planning of the student's proposed project,
- concur that the project described in this document will be an appropriate demonstration of clinical and translational research skills for an MS degree,
- agree to participate in supervising the student in carrying out the project, and
- agree to review the student's written report of the final project and attend the project presentation.

If obtaining a signature on paper is logistically difficult, an email from the committee member to MSCI_Admin@lists.utah.edu can be substituted.

Committee

Chair: _____ Department: _____

email: _____ uNID: _____

Signature: _____ Date: _____

Tenure Track? Yes: ☐ No: ☐

Member 2: _____ Department: _____

email: _____ uNID: _____

Signature: _____ Date: _____

Tenure Track? Yes: ☐ No: ☐

Member 3: _____ Department: _____

email: _____ uNID: _____

Signature: _____ Date: _____

Tenure Track? Yes: ☐ No: ☐

Member 4*: _____ Department: _____

email: _____ uNID: _____

Signature: _____ Date: _____

Tenure Track? Yes: ☐ No: ☐

Member 5*: _____ Department: _____

email: _____ uNID: _____

Signature: _____ Date: _____

Tenure Track? Yes: ☐ No: ☐

* Fourth and fifth members are optional