

University of Pennsylvania
School of Nursing

RESEARCH RESIDENCY PROPOSAL

Name: _____ Date: _____

Advisor/Chairperson: _____

Advisor/Chairperson Signature: _____

Faculty Preceptor Signature: (if different) _____

Semester in which Research Residency is to be completed: _____

Directions: Please describe your prior research experience. Identify areas of strength as well as deficits. With your advisor/chair, design objectives to further your socialization into the role of the researcher. Please list your research residency objectives and for each objective please list the activities that you will complete to meet the objective.

Prior Research Experience:

Research Residency Objectives:

Activities to Meet Each Objective:

Graduate Group Chair Signature: _____ Date: _____