**Application Cover Page**

The following items must be listed on the cover page of the application.

1) Title of Research Project:

2) Student Investigator:

Faculty Research Mentor:

Other Investigator(s):

3) Estimated Project Duration: (typically one year)

4) Total Dollar Amount Requested: (see Budget Page for details)

5) Are Human Subjects involved? If so, the MU IRB approval # has to be provided prior to the release of funds and the start of the research.

6) Are live animals involved? If so, the MU IACUC approval # has to be provided to the Research Committee prior to the release of funds and the start of the research.

7) Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit the electronic application to [Jeffrey.Toth@marquette.edu](mailto:Jeffrey.Toth@marquette.edu)   
or hard copy to DENT 304-D.

**Research Plan**

Organize Items A-F to answer these key questions: (1) What do you intend to do? (2) What has already been done? (3) How are you going to do the work? (4) Why is the work important? - explain the dental clinical significance. Use the following format. Be pithy. Do not exceed 5 (five) pages total for the research plan (Items A-F).

DESCRIPTION OF RESEARCH PROJECT:

1. INTRODUCTION – STATEMENT OF PROBLEM / SPECIFIC AIMS
2. REVIEW OF RELEVANT LITERATURE (BACKGROUND)
3. DENTAL CLINICAL SIGNIFICANCE
4. METHODS (MAY ALSO INCLUDE A POWER ANALYSIS)
5. WHAT WILL THE DATA BE USED FOR?
6. REFERENCES

**Signature Page**

Endorsement: I certify that the statements made in the application are true, complete, and accurate to the best of my knowledge; that any false, fictitious, or fraudulent statements or claims that I make, may be subject to criminal, civil, or administrative penalties; and that I agree to accept responsibility for the scientific conduct of the project and to provide the required progress and invention reports if a grant is awarded as a result of the application. Persons named in the application have agreed to participate as described.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF STUDENT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF FACULTY MENTOR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDITIONAL INVESTIGATOR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDITIONAL INVESTIGATOR

**Budget Form**

**Guidelines:**

* List all projected expenses.
* The total budget may not exceed $1250.
* Provide brief justifications only for budget items greater than $100.
* Research subjects can be compensated for time and transportation.
* The student investigator may budget up to $450 as a personal research stipend.
* The Research Award cannot be used to compensate staff or faculty.
* The Research Award does not support travel expenses. However, upon completion of the project you may apply for travel funds from the office of the Associate Dean for Research to attend the AADOCR or the meeting of the Midwest Research Group.
* Residual funds after completion of the research project may not be redistributed for other research projects, non-related travel, training, etc.