

UConn HEALTH

Fourth Year – Selective Course Proposal

Proposal is due 2 full months PRIOR to beginning

(Please complete and submit all required information. Also, note that this is a **two (2) page** form that **must** be submitted and **all approvals must** be obtained)

STUDENT'S INFORMATION

Name: _____ Date Submitted: _____
Phone and/or Pager #: _____ Cell Phone: _____

SELECTIVE INFORMATION

NOTE: Selective proposal must be completed separately. Please see page 3 for detailed proposal format.

Project Title: _____

Advisor's Name: _____

Please provide a brief description of your proposed project: _____

Selective Type (*Please check the applicable category*):

- | | |
|---------------------------------------|----------------------------------------|
| <input type="checkbox"/> Education | <input type="checkbox"/> Research |
| <input type="radio"/> Community | <input type="radio"/> Clinical/Patient |
| <input type="radio"/> Medical | <input type="radio"/> Lab |
| <input type="checkbox"/> Other: _____ | |

Is your project:

- | | |
|----------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Self-developed | <input type="checkbox"/> Faculty/Staff developed |
| <input type="checkbox"/> Community developed | <input type="checkbox"/> Continuation of previous year selective |

Location of selective: _____

Date of your Selective Blocks (Must be completed by April of graduating year):

- 1). _____
2). _____

Human Subject Research – IRB Information

Projects involving human subjects require approval by the University's IRB Committee

Does the project require IRB approval?

- | | |
|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Exempt | <input type="checkbox"/> Expedited |
| | <input type="checkbox"/> Full Board |

**IRB
Status:**

Submission
Date: _____

☐ Pending

Approval Date: _____

ADVISOR SECTION A

Name: _____ Institution: _____

Address: _____
Street City State

Telephone: _____ Fax #: _____ E-mail: _____

Date reviewed proposal: _____ Date met with student: _____

Please estimate # of hours you will spend working with student on the project: _____

Advisor required to write a description of the extent of work with student in developing the project: _____

I have read and approve of the student's selective proposal: Please sign here ➔

ADVISOR SECTION B

If other students are involved in the project please provide student's name and describe their role

Student's name: 1). _____

Describe this role: _____

Student's name: 2). _____

Describe this role: _____

IRB Application: ☐ Not Applicable ☐ Pending ☐ Approval Date: _____

Advisor's Signature: _____ Date: _____

**If advisor is NOT a UConn Health faculty member
(Name and signature of UConn Health faculty as secondary advisor required)**

Name of faculty advisor: _____

Signature of faculty advisor: _____

Telephone: _____ E-mail: _____

STUDENT'S SIGNATURE

Student's Signature: _____ Date: _____

Please submit this form with your proposal to CBE office AG073

Selective Course Proposal Format

Please follow outline in developing your proposal (2-3 pages plus bibliography). Submit your proposal with the cover sheet fully completed. You **must** submit your proposal electronically to **Stacey Brown** (stbrown@uchc.edu). You may submit the cover sheet electronically and have your advisors e-mail their approval, or you may bring/fax the signed cover sheet to the CBE Office. Your proposal must be submitted **2 months prior to beginning your work** for course committee review. **Academic credit will not be given for work on proposals that have not been approved.**

- ♦ **Title of Proposal**
- ♦ **Background:** What is the nature of the problem your project will address, why is it important? What work have others done? Include brief literature review.
- ♦ **Goal:** What is the primary goal of your project?
- ♦ **Specific Aims:** State your hypothesis and/or specific objectives and key elements of your project. Where will your project take place and whose cooperation will be required?
- ♦ **Methods:** Describe your methods and procedures (who, what, why and how) including sampling and recruitment, development of research tools or for education, educational materials and approaches, and identification of participants. Include reference citations for methodology.
- ♦ **Your role in the project:** Describe your specific activities, e.g., designing a new component of a course and piloting it; designing and executing the core research project; analyzing charts as part of a larger study, etc.
- ♦ **Support:** Describe the guidance, supervision, assistance, and facilities required for this project and how they will be provided.
- ♦ **Data analysis/Evaluation:** Describe how you will analyze your data or outcome(s), extent to which the goals were accomplished. Provide specific methods of analysis and identify relevant statistics.
- ♦ **Summary:** A brief summary of the value of your project as proposed—how will it contribute to the field?
- ♦ **Bibliography:** Provide relevant references documenting the significance of your project and appropriate methodology, **cite references in the text of the proposal.** References should be cited in MLA (Modern Language Association) or AMA (American Medical Association) form. Guidelines for both are available on Blackboard.

If you have questions, please contact:

Stacey Brown, Ph.D.
Selective Course Chair
860-679-2354
stbrown@uchc.edu

You may also contact other faculty members of the Selective Course Committee (see listing with course description on Blackboard and on our web site listed below).

Resource materials, including new opportunities for projects, previous student papers and research information are available for review in the Office of Community Based Education, on Blackboard under the Selective Course and the CBE website: <http://health.uconn.edu/community-based-education/>

