

MU Sinclair School of Nursing
Ann Crowe Essig Undergraduate Nursing Research Mentorship Program
Application Form

Submit to: Dr. Janice Hoffman, S410 Nursing Building by the first Monday of April

Student Research Participant:

Name:

Student Number:

Preferred E-mail Address:

Local Address and Phone Number:

Home Address:

Educational Level (semester): 5th 6th 7th 8th RN-BSN

Cumulative GPA: Nursing GPA:

Faculty Mentor:

Name:

Campus Address and Phone Number:

E-mail:

Title of Proposed Project:

Please attach a 1-2 page, double-spaced, description of the proposed project to this form. Be as explicit as possible about

- (a) The goal of the project, i.e., what kind of knowledge will result from the project?
- (b) The student's role and activities, so that the project can be evaluated, in part, as a learning experience; and
- (c) A brief description of any relevant experience or expertise which the proposed faculty mentor has for this specific project.

Please read and sign below:

1. The student researcher will commit at least twenty hours per week for work on this project.
2. The student-faculty research team will prepare a poster or oral presentation at the end of the academic year that will explain the purpose of the project and the progress that was made.
3. The student will submit a 1500 word written account describing the project and the student's role and activities during the learning experience.
4. If this proposal is funded, no research activities involving Human Subjects or animals will be initiated until the research has been submitted and approved by the MU Health Science Institutional Review Board or Animal Care and Use Committee, respectively, including determination of exempt status if appropriate.

Signature of Proposed Faculty Mentor

Signature of Proposed Student Researcher