**The University of Montana**

**College of Health Professions and Biomedical Sciences**

**School of Public and Community Health Sciences**

**Research Proposal Form**

***Directions to Students:*** *Prior to enrolling in PUBH 597 (Research), consult with your professor/advisor as you develop your proposal.  Please fill out this form and attach it to your proposal and submit both to your advisor for approval.  Once approved submit the signed original of this form as well as a copy of your proposal to the SPCHS departmental office where it will be kept in your official file.  Once your advisor has approved your proposal, you may enroll in PUBH 597.*

Student’s Name:                   Student’s ID#: 790-      -

 (first, middle initial, last)

Semester & Year Enrolling in PUBH 597:

Research Advisor:

Proposed Title:

Note: If your research involves human subjects, please provide the face page of your IRB

**………………………………………………………………………………………………………………………………………………………………………**

By signing below, I hereby agree to supervise the above named student’s Independent Study and approve their proposal.

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 Research Advisor Date