

Veterinary Medicine Undergraduate Summer Program

Application Form

1. **STUDENT NAME:** _____

Major: _____

University Honors College: Yes ☐ No ☐

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

Expected Date of Graduation (m/yy): _____ **Current GPA:** _____

2. **FACULTY PROJECT ADVISOR:** _____

Department: _____

Phone: _____ **Email:** _____

Signature of Dept. Head: _____

3. **PROJECT TITLE:** _____

4. **Describe any previous undergraduate research experience you have.** None ☐

FUNDS:

Stipend - \$2,000

Supplies: \$1,000

5. **PROJECT DESCRIPTION:** Clearly and concisely describe the research project; including methodologies, hypothesis or objectives and the role that the student will have. Summarize the scholarly and creative aspects of the project and how it will support your educational objectives. What are the expected outcomes from your research (*e.g. senior thesis, an art exhibit, or an increased understanding of research*), and how will you achieve these outcomes? (*Limit two pages, double-spaced, 12 pt. font, 1 inch margins; written for a general audience of reviewers from a variety of disciplines, avoiding jargon and unexplained acronyms.*)

6. Mentoring Plan from Faculty Project Advisor (1/2 page)

Describe your plans for working with the student for the duration of the project.

7. Written Requirement

1. In one page (~550 words), titled “Response,” (12-point Times font, 1” margins), please address the following issues:

- What is your interest and motivation for applying to the program?
- What are your expectations about the program and
- What do you hope to accomplish?
- What do you think makes you an outstanding candidate for this opportunity?

2. One (1) additional page (12-point Times, 1” margins) titled “Research Plan” that includes: Background, Hypothesis, Specific Aims/Research Questions, Expected Results, and short budget.

8. Time Commitment

12 week program. Student to present the work in a summer PRIPS meeting.

9. SIGNATURES: (*all signatures are required on electronic submission*)

Student Signature

Date

I (the student) give Oregon State University permission to use my name, proposal, final report, a summary and/or excerpts of it, for the OSU website and/or other publications for the sole purpose of sharing information about research and scholarship for students.

Faculty Project Advisor Signature

Date

10. REGULATORY COMPLIANCE:

It is the responsibility of the **student and the Faculty Project Advisor** to obtain approval from the appropriate compliance committee(s) **prior** to the initiation of the research project. Allow sufficient time for the review and approval process which could take up to 10 weeks. Documentation of approval from the appropriate compliance committee(s) **must** be received in the Incentive Programs office before the award funds will be transferred.

Check each box that applies to your research:

Does this proposal involve the use of human subjects?

☐ Yes ☐ No

If **yes**, approval from the Institutional Review Board (IRB) **must** be received prior to the initiation of your research.

<http://research.oregonstate.edu/irb>

Will this be a NEW IRB application? ☐ Yes ☐ No

If the project has IRB approval, provide the following:

Current IRB Study Number: _____

Current IRB Study Title: _____

Principal Investigator Name: _____

Does this proposal involve the use of live vertebrate animals?

☐ Yes ☐ No

If **yes**, approval from the Institutional Animal Care and Use Committee (IACUC) **must** be received prior to the initiation of your research.

<http://research.oregonstate.edu/iacuc>

Will this be a NEW IACUC application: ☐ Yes ☐ No

If the project has IACUC approval, provide the following:

Current Animal Care and Use Proposal (ACUP) Number: _____

Current Project Title: _____

Principal Investigator Name: _____

Does this proposal involve the use of recombinant DNA molecules, transgenic Plants or animals, and/or infectious agents of plants, animals, or humans?

☐ Yes ☐ No

If **yes**, approval from the Institutional Biosafety Committee (IBC) **must** be received prior to the initiation of your research.

<http://oregonstate.edu/ehs/bio/institutional-committee>

Does this proposal involve sources of ionizing radiation?

☐ Yes ☐ No

If **yes**, approval from the Radiation Safety Committee (RSC) **must** be received prior to the initiation of your research.

<http://oregonstate.edu/ehs/rso>

Does this proposal involve the use of chemical carcinogens?

☐ Yes ☐ No

If **yes**, approval from the Chemical Safety Committee (CSC) **must** be received prior to the initiation of your research.

<http://oregonstate.edu/ehs/chemical-safety-committee>

Does this proposal involve the activities of scuba diving, free diving, and/or small boating operations?

☐ Yes ☐ No

If **yes**, approval from the Scientific Diving and Small Boating Programs **must** be received prior to the initiation of your research.

<http://research.oregonstate.edu/diving>

Does this proposal involve export control or international compliance?

☐ Yes ☐ No

<http://research.oregonstate.edu/export>