College of Medicine
Office of Assessment, Evaluation, and Quality Improvement

Research Proposal Form

For medical education research assistance please complete this form and send to knollm@musc.edu or fax to 843-792-8253

Name of Principal Investigator:
Department: Faculty Rank:
Email address: Phone:

Other authors or collaborators (please list):

General Proposal Information:
Describe your proposal briefly.
Identify objectives and/or research questions.
Summarize the current literature or comment on novelty of constructs/proposal. Please include search terms you used.
(Optional - If you want to publish data.)
Discuss the research method(s) and plans for analysis, if known:
Targeted Timeline:
Plans for publication and/or presentations:

Proposal Considerations:
Sources of funding, if applicable:
Sources of other support (data entry, transcription, etc.) for proposal, if applicable:
Any known Conflict of Interest by any party?

Questions? Please contact Michele Knoll Friesinger, MA, CHES at knollm@musc.edu.

OAEQI OFFICE USE ONLY:
Date submitted: Date reviewed – and by whom: Data approved:
E-IRB or Full IRB review: IRB approval number: Academic Year:
Feedback sessions? OAEQI resources required:
Primary OAEQI contact for proposal: