

**Master of Public Health  
Research Project Agreement Form**  
Department of Epidemiology and Community Health

Student name: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Street address: \_\_\_\_\_

\_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_ Fax: \_\_\_\_\_

Number of semester hours (3-6): \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Please complete the following outline. **Do not exceed 2 pages (A-H).**

**A. PROJECT TITLE:**

**B. PURPOSE** (state hypothesis/research question):

**C. SPECIFIC OBJECTIVES** (list major aims of the study):

**D. DESCRIPTION OF METHODS**

*D.1. Identify source(s) of data (eg, existing data set, data collection plans, etc):*

*D.2. State the type of study design (eg, cross-sectional, cohort, case-control, intervention, etc):*

*D.3. Describe the study population and sample size:*

*D.4. List variables to be included (If a qualitative study, describe types of information to be collected)*

*D.5. Describe methods to be used for data analysis (If a qualitative study, describe general approach to compiling the information collected)*

**E. ANTICIPATED RESULTS:**

**F. SIGNIFICANCE OF PROJECT TO PUBLIC HEALTH:**

**G. IRB Status:**

- 1) Do you plan to collect data through direct intervention or interaction with human subjects?  yes  no
- 2) Will you have access to any existing identifiable private information?  yes  no

If you answered “no” to both of the questions above, IRB review is not required.  
If you answered “yes” to either one of these questions, your proposed study must be reviewed by the VCU Institutional Review Board (IRB). Please contact Dr. Vance or Dr. Sridhar for assistance with this procedure.

Please indicate your IRB status:

- to be submitted (targeted date \_\_\_\_\_)
- submitted (date of submission \_\_\_\_\_; VCU IRB # \_\_\_\_\_)
- IRB exempt review approved (date \_\_\_\_\_)
- IRB expedited review approved (date \_\_\_\_\_)
- IRB approval not required

**H. PROPOSED SCHEDULE:** Start Date: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_

**I. INDICATE WHICH OF THE FOLLOWING AREAS OF PUBLIC HEALTH KNOWLEDGE WILL BE DEMONSTRATED:**

1. Biostatistics – collection, storage, retrieval, analysis and interpretation of health data; design and analysis of health-related surveys and experiments; and concepts and practice of statistical data analysis.  yes  no (if yes, briefly describe):
2. Epidemiology – distributions and determinants of disease, disabilities and death in human populations; the characteristics and dynamics of human populations; and the natural history of disease and the biologic basis of health.  yes  no (if yes, briefly describe):
3. Environmental Health Sciences – environmental factors including biological, physical and chemical factors which affect the health of a community.  yes  no (if yes, briefly describe):
4. Health Services Administration – planning, organization, administration, management, evaluation and policy analysis of health programs.  yes  no (if yes, briefly describe):
5. Social/Behavioral Sciences – concepts and methods of social and behavioral sciences relevant to the identification and the solution of public health problems.  yes  no (if yes, briefly describe):

**SIGNATURE PAGE**  
Master of Public Health Research Project

Student: Name: \_\_\_\_\_

Preceptor: Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Field of expertise: \_\_\_\_\_

Faculty  
Advisor: Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**SIGNATURES:**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

MPH Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

MPH Program Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_