

**Michigan State University – College of Osteopathic Medicine
Statewide Campus System
Research Support Program for Resident Research Projects**

APPLICATION FORM

Name: _____ Residency year: 1 2 3 4 5 6
(circle one)

Residency program: _____ Hospital: _____

Program Director: _____

Research Mentor: _____

Mailing address: _____

Email: _____ Phone: _____
(please print clearly)

Title of research project: _____

Amount being requested: \$ _____ (maximum: \$2,000)

Submit five (5) copies of the following:

- 1) This completed form
- 2) Complete research proposal/description
- 3) Itemized budget for money being requested
(Plus complete project budget if money
being requested is not entire budget)
- 4) Letter of approval from IRB
- 5) Letter of support from your Program Director or Research Mentor

Send application package, to be **received by August 17, 2015**, to:

Eric D. Zemper, PhD
Director of Research
MSU COM Statewide Campus System
East Fee Hall – Room A327B
965 Fee Road
East Lansing, MI 48824