The ICRE Grant Proposal Thesis must be a grant proposal for an RO1, K-award, or equivalent award. Students who choose this option will write and submit an RO1 or equivalent research proposal on which he or she is the principal investigator as evidence of his or her ability to plan and conduct independent research.

The final project must meet the NIH definition of clinical research or translational research:

1. **Clinical Research:** Clinical Research: "1) Patient-oriented research. Research conducted with human subjects (or on material of human origin such as tissues, specimens and cognitive phenomena) for which an investigator (or colleague) directly interacts with human subjects. Excluded from this definition are in vitro studies that utilize human tissues that cannot be linked to a living individual. Patient-oriented research includes: 2) Epidemiologic and behavioral studies 3) Outcomes research and health services research" [http://grants.nih.gov/grants/policy/hs/glossary.htm](http://grants.nih.gov/grants/policy/hs/glossary.htm) (accessed on 10.27.2016)

2. **Translational Research:** “Translational Research includes two areas of translation. One is the process of applying discoveries generated during research in the laboratory, and in preclinical studies, to the development of trials and studies in humans. The second area of translation concerns research aimed at enhancing the adoption of best practices in the community. Cost-effectiveness of prevention and treatment strategies is also an important part of translational science (Rubio D, Schoenbaum E, Lee L, Schteingart D, Marantz P, Anderson K, Platt L, Baez A, Esposito K. Defining Translational Research: Implications for Training. Acad Med. 2010 March; 85(3): 470-475).”

The grant proposal thesis must:

1. Be reviewed and approved by an appropriate scientific review committee from the candidate’s department;
2. the project must be “submission ready”;
3. at least two members of the committee must be independent (i.e., not listed as key personnel on the grant).
Guidelines:

1. This form must be submitted by last day of the term PRIOR to the term you wish to register for CLRES 2080: Masters Thesis Research credits. The form must have all committee members’ signatures in order to be reviewed.

2. The Director of Academic Programs must approve your Project Prospectus before you can register for thesis credit.

3. You must defend your project to the committee designated on this form. Both your defense committee and the ICRE Degree Program Coordinator must receive a copy of your final project at least 2 weeks prior to your defense date.

4. You must schedule your defense at least 8 weeks prior to the last day of the term you intend to graduate.

PART 1. List of Review Committee Members (with signatures)

The ICRE Review Committee is chaired by your ICRE academic advisor (or another ICRE faculty member named by the advisor). The Committee also must include your mentor, another ICRE faculty member, and at least one ad hoc member familiar with your project. (If your mentor is not in your primary department, the ad hoc member should be someone from your department.) The ICRE faculty member and ICRE Leadership Committee may indicate that additional reviewers (e.g., independent reviewers, statisticians) are needed.

ICRE Advisor (print): __________________________________________
Title: _______________________________________________________
Signature: _____________________________________________________
Email Address: ________________________________________________

ICRE Faculty Member (print): ______________________________________
Title: _______________________________________________________
Signature: _____________________________________________________
Email Address/Phone Number: ___________________________________

Project Mentor (print): ________________________________________
Title: _______________________________________________________
Signature: _____________________________________________________
Email Address/Phone Number: ___________________________________
Faculty Member #1 (print): ______________________________________________________
Title: ________________________________________________________________
Signature: ____________________________________________________________
Email Address/Phone Number: _________________________________________

Faculty Member #2 (print): ______________________________________________________
Title: ________________________________________________________________
Signature: ____________________________________________________________
Email Address/Phone Number: _________________________________________

PART 2. Title of Final Project

Option selected: Grant Proposal

Project title:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

PART 2a. Independent Reviewer(s): Please provide the names of two independent committee members who are not listed as co-investigators on the grant proposal.

1: ________________________________________________________________

2: ________________________________________________________________
PART 3. Description of Final Project

Attach a description of your Final Project before submitting this form to your ICRE advisor. Your description should be 1-2 pages in length and include the following information:

- Introduction/Background;
- Aims;
- Brief Methods

PART 4. Approval of the ICRE Advisor

Advisor Comments:

________________________________________________________________________

________________________________________________________________________

__________________________________________________________  _______________________
Signature of ICRE Academic Advisor  Date