

**ORIGINAL RESEARCH PROPOSAL ABSTRACT APPROVAL FORM**

Department of BioMolecular Sciences

Student Name: \_\_\_\_\_ Submission Date: \_\_\_\_\_

Advisor: \_\_\_\_\_ Division: ETOX PCOG PCOL MEDC

Abstract Title: \_\_\_\_\_

**YES NO**

- \_\_\_ \_\_\_ 1) Is the ORP "**original**" (in regard to its concept, hypothesis, approach, etc.)?
- \_\_\_ \_\_\_ 2) Is a **hypothesis** clearly stated?
- \_\_\_ \_\_\_ 3) Does the abstract clearly describe the ORP's **independent specific aims**?
- \_\_\_ \_\_\_ 4) Is the planned **approach(es)** adequately described to establish the ORP's scientific **feasibility**?
- \_\_\_ \_\_\_ 5) Do the proposed **specific aims** and **approach(es)** address the stated **problem** or **unmet need**?
- \_\_\_ \_\_\_ 6) Does the ORP adequately serve as an **examination** of the student's BMS track-specific education, training, skills, etc.?

Recommendation (Check box)

Accept       Require Revisions       Reject

If you **Reject or Require Revisions** for the proposed ORP abstract, what was the reason(s) for your decision?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Committee Signatures and Date of Meeting:** \_\_\_\_\_

ORP Committee Chair \_\_\_\_\_

Dissertation Advisor \_\_\_\_\_

ORP Committee Member \_\_\_\_\_

Dissertation Committee Member \_\_\_\_\_

Dissertation Committee Member \_\_\_\_\_

Dissertation Committee Member \_\_\_\_\_