**Thesis Proposal Form/Research Project**

**Note:** This form is provided to you in **Word format** to make it easy for you to enter information directly into the document; however you are not allowed to change or alter items or format of this form in anyways.

* If any part of the form does not apply to you, put N/A in that part instead of deleting it.

**Failure to comply with this paragraph will result in rejection of your proposal or a significant delay in processing it.**

**Research Title:**

**Full Name of the Project Manager(s):**

**School/Research Center: School of Public Health**

**Type of Research:**

Basic Applied/Clinical HSR

 **This research is a:**

 Student Thesis

TUMS Research Project

Joint Research Project

**Project Description**

 ***If a thesis, specify the level:***

 Undergraduate M.Sc. MPH PhD Postdoc. Young Researcher

**Type of Study: Please mark**

|  |  |
| --- | --- |
| Case series  |  |
| Cross sectional  |  |
|  Case / control  |  |
|  Cohort |  |
| / interventional clinical trial  |  |
| Experimental |  |
| Pharmaceutical Study |  |
| Implementation of a scientific/ executive Method |  |
| Test Review |  |
| Method Review |  |
| Qualitative |  |
| Health System Management Study |  |
| Software Design |  |

**Information about the Project Manager(s)**

* Full Name(s):
* Academic Rank:
* School/Research Center:
* Department:
* Research Location:
* Expected Duration:
* Current Position and work location:
* Work Phone Number:
* Work Address:
* E-mail Address:
* **Contact Number in case of emergency:**

 **Research Project Team:** (Other supervisors, advisors, students, other partners)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** |  **Full Name** | **Position and Academic Rank** | **Type of Involvement** | **E-mail address and Phone Number** | **Partner’s Signature** |
| 2 |  |  |  |  |   |
| 3 |  |  |  |  |   |
| 4 |   |   |   |   |   |
| 5 |   |   |   |   |   |

**1- Proposal Abstract (max 300 words):**

* Necessity
* Research method

**Keywords:**

 **2- Rationale and Backgrounds (Necessity/Importance):**

**3-Previous/prior literature**

**4- Research Objectives and Goals:**

**A: Main Objective:**

**B: Specific Objectives:**

**C: Goals:**

**Research Questions and Hypothesis:**

**5- Research Design and Methods:**

* **Study design:**

**Exclusion/Inclusion criteria**

* **Data collection:**

**Measures/instruments**

* **Statistical considerations:**

**Sample size**

**Recruitment plans**

**Method of assignment to study groups**

* **Data analysis**

**6- Variables Table:**

I

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Variable** | **Definition** | **Qualitative** | **Quantitative**  |  **Variable** | **Measurement****Method** | **Scale** |
| **Ordinal** | **Nominal** | **Discrete** | **Continuous** | **Independent** | **Dependent** |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |

**7- Estimated total time to complete the research (in months):**

**Research Timeline Table:**

|  |  |  |
| --- | --- | --- |
|   | **Activities** | **Duration of the activity** |
|  1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |
|  2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |
|  3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |
|  4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |
|  5 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  6 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  7 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  8 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  9 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  10 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  11 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  12 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|  |
| --- |
| **8- Ethics: (Attach Ethical Consent Form if applies)** |

|  |
| --- |
| **9- Safety Considerations:** |

|  |
| --- |
| **10 - Limitations:** |

|  |
| --- |
| **11 - References:** |

**12- Budget Details: (in Rials)**

| **List of Expenses** | **Cost (amount in Rials)** |
| --- | --- |
|  Research Personnel and Partners’ Compensation | **Name** | **Hours required** |     |
| 1- |  |  |
| 2- |  |  |
| 3- |  |  |
| 4- |  |  |
| 5- |  |  |
| 6- |  |  |
| 7- |  |  |
| 8- |  |  |
| **Subtotal:**  |   |
| Equipment and instruments (non expendable) | **Equipment and Model No.** | **Manufacturer** | **Quantity** |  |
|  1- |  |  |  |
|  2- |  |  |  |
|  3- |  |  |  |
| 4- |  |  |  |
| 5- |  |  |  |
| 6- |  |  |  |
| **Subtotal:** |  ­­­­­­ |
| Equipment (expendable), lab animals and Materials   | **Items** | **Manufacturer or Provider** | **Quantity** |  |
|  1- |  |  |  |
|  2- |  |  |  |
|  3- |  |  |  |
| 4- |  |  |  |
| 5- |  |  |  |
| 6- |  |  |  |
| 7- |  |  |  |
| 8- |  |  |  |
| 9- |  |  |  |
| 10- |  |  |  |
| 11- |  |  |  |
| 12- |  |  |  |
| 13- |  |  |  |
| 14- |  |  |  |
| 15- |  |  |     |
| Lab Tests and Services(specify) | **Laboratory Name** | **Number of Tests** |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Travel | Destinations | Transport Mode | Number of People Travelling | Number of trips |     |
| 1- |  |  |  |     |
| 2- |  |  |  |  |
| 3- |  |  |  |     |
| 4- |  |  |  |  |
| Books, Copy and Print | Specify: |     |
|  Communication (phone, web etc) | Specify: |     |
| Other Expenditures | 1-2-3-4-5-6-7- |     |
| **Grand Total:** |     |

**Project Manager(s) Affirmation:**

**Full Name:**

**Signature**

**Date**

**1-**

**2-**

**3-**