

## PDS Competitive Research Form AY21-22

**Please note:** PDS will not fund any activities (conference, training, or research) that has started or ended before the notification date of the current PDS cycle. Please refer to the PDS Handbook for more information.

### Project Proposal

Attach your proposal as a separate PDF page. **Address each item explicitly. Write no more than 1500 words.**

1. Provide a brief description of your research project/dissertation and explain its significance.
2. Provide the research you intend to conduct, including when and where you intend to conduct it.
3. Explain the methods of analysis you will use in your research. Be thorough.
4. Explain how this research will advance your work towards the PhD. Explain how your proposed research fits into your dissertation project.
5. Describe your qualifications and preparations for conducting the proposed research.
6. Explain how the external sources of funding you have applied to (or plan to apply to) support your project. How will this funding affect/change your PDS application's budget?
7. Please provide a brief timeline of your project and a page outlining your budget clearly.

\*Applications that do not address the above questions explicitly will be automatically denied.

The forms below are fillable, electronically, if desired, using a PDF reader. This includes the signature form.

### Research Oversight: Human Subjects, Animals and Radiation

All research at Emory is regulated by research oversight committees, including the Institutional Review Board (IRB), which reviews all research involving human subjects, the Institutional Animal Care and Use Committee (IACUC), and the Radiation Control Council (RCC) and other occupational health and safety committees.

Approval by the appropriate review committee(s), where necessary, is a condition for receiving Professional Development Support. It is each student's responsibility to confirm that his or her research has been properly approved by these committees. Please note that if you fail to submit your research protocol for appropriate review, you may be unable to use the data in future publications, including your dissertation.

Details about the requirements of these regulatory committees, as well as contact information and review procedures, can be found on their websites.

IRB: <http://www.irb.emory.edu/>. IRB staff members are available for informal consultations about your project. Even if you feel confident that your research does not require review, **we strongly encourage you to contact the IRB for an informal discussion.**

IACUC: <http://www.iacuc.emory.edu/>.

RCC and other occupational health regulations: <http://www.ehso.emory.edu/>.

### Review Certification

*I certify that the research associated with this application for PDS funds requires review as follows:*

IRB

No  Yes

For each "yes" checked, please attach a copy of the official approval letter. You may submit your application for review before you receive approval. However, **if your research requires review, you will not receive funds until you have forwarded copies of the appropriate review letters to the Laney Graduate School.**

IACUC  No  Yes

RCC  No  Yes

Other  No  Yes

### **Good Standing**

*I certify that I am not on probation and am in good standing with my program and with the Laney Graduate School.*

**Student Signature:** \_\_\_\_\_

### **Public Health Guidelines**

*I affirm that I will be fully compliant with Emory University's COVID-19 [policies](#), including following the [Community Compact](#) at the time of my research and/or travel. I understand that the CDC recommends delaying travel until the traveler is fully vaccinated.*

**Student Signature:** \_\_\_\_\_

### **Faculty Advisor and Director of Graduate Studies Approval**

*I have reviewed the attached proposal and agree with foregoing certification. This research activity is necessary for the student to receive the doctoral degree and cannot be undertaken without this additional support. I have read this application and believe that the student will accomplish the stated goal(s) through the proposed research activity. I certify that this proposed research and/or travel is essential to the student's academic progress and that I support the research/travel.*

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

**Signature:** \_\_\_\_\_

### **If applicable to your program:\***

**DGS Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*It is the student's responsibility to retrieve signatures from their DGS and Faculty Advisor. If your DGS or Faculty Advisor are unavailable please contact your program administrator (PA). \*Check with your PA if you have questions about whether the DGS must sign this form for your program.*