

College of Graduate Studies
Medical University of South Carolina

MASTER OF SCIENCE IN CLINICAL RESEARCH

~ PLEASE TYPE OR PRINT LEGIBLY ~

PLAN OF RESEARCH

The proposed Plan of Research, as submitted by _____, is approved by the Advisory Committee:

Signatures of the Advisory Committee:

Advisory Committee Chairman

Date

Date

Date

Date

Date

Date

Program Director

Date

**It is not necessary to send the entire Plan of Research.
Please attach a copy of the title page only.**

PLAN OF RESEARCH - MASTER OF SCIENCE IN CLINICAL RESEARCH

Prior to beginning the course on Grant Development, students will submit a minimum one (1) page written plan of research. This plan will describe the hypotheses to be tested and the choice of grant forms to be used (R01, R03, Career Development Award, etc.)

The plan must be approved by the Advisory Committee.