

**UAMS COLLEGE OF PHARMACY
HONORS IN RESEARCH PROGRAM**

APPLICATION FORM

Name: _____

Pharmacy Student Classification (P1, P2, P3, P4): _____

Previous Research Experience:

Research Advisor (Name and Department): _____

Title of Proposed Project: _____

Summary of Proposed Project (Brief background and significance, hypothesis, methods; Do not exceed 200 words):

If Applicable, Provide Date and File Number of the Following Institutional Committee Approvals

Institutional Review Board Approval (Human studies) _____

Institutional Animal Care and Use Committee Approval: _____

Biohazards Approval: _____

Radiation Safety Approval: _____

Signature of Student: _____

(Gives permission to the committee to review academic performance while at UAMS)

Signature of Research Advisor: _____