

Miami Campus

Faculty Letter of Research Support

Please complete the form below and submit it by email to CISR@albizu.edu.

- Student Name _____
- Student ID Number _____ Date _____
- Academic Advisor _____
- Doctoral Project Chair _____
(or Not Applicable)
- Conference/Publication Name _____

1. Title and Abstract

- Working Title _____

- Abstract (Max 50 Words): _____

- 2. Research Objectives (Max 50 Words)**
- _____
-
- _____
-
- _____
-
- _____

3. Expected Outcomes (Max 50 Words) _____

4. Study Type (Select All That Apply)

Empirical Study

Case Study

Systematic Review

Meta-Analysis

Evaluation of PTI[†]

Original PTI[†]

Translation and/or
Norming Research

[†] Program, Treatment, or Intervention

5. IRB Approval*

Approved

Not Required / Not Applicable

Study Code (if Approved) _____

* See "Procedures for the Protection of Human Subjects"

I have accepted the responsibility of supervising this student in presenting, publishing, or otherwise sharing or distributing his or her research as representatives of Albizu University Miami's research community.

Faculty Research Supervisor

Please Print Name

Signature

Date

CISR Director

Please Print Name

Signature

Date