CAHSR Control No.

**CAHSR FORM 02: RESEARCH PROPOSAL TECHNICAL REVIEW APPLICATION**

**Research Title: Type of Research:**

|  |  |
| --- | --- |
|  | Epidemiologic/Clinical/Community Research |
|  | Basic Research / Animal Research |
|  | Drug Development and Phase 1 Clinical Research |
|  | Educational Research |
|  | Herbal Medicine and Alternative Medicine Research |
|  | Tuberculosis Research |

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**Classification of Principal Investigator**

*(Please put a check (✓) on the appropriate box)*

Principal Investigator: **DLSMHSI**

Affiliation: Faculty

Contact No. Academic Support Personnel

E-mail Address: Non-Teaching Staff

Co - Investigator: Graduate Student

Affiliation: Undergraduate Student

**Non - DLSMHSI**

Research purpose:

Applying for funding: No or Yes Source of funding:

Endorsed by:

*Dean*

*(Signature over printed name)*

Endorsed by:

*Program Director*

*(Signature over printed name)*

Endorsed by:

*Chair of Research Committee*

*(Signature over printed name)*

**GENERAL CHECKLIST**

*Please put a check (✓) on the appropriate box.*

|  |  |
| --- | --- |
|  | Research Proposal **CAHSR** **Form 01** |
|  | Evaluation Sheets **CAHSR Form 04** |
|  | Technical Review Result Form **CAHSR Form 05** |

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