project Proposal Form

Date of submission:

Lead / Contact Author:

Academic Affiliation (Department and Campus):

Contact Information (email):

PROPOSAL TITLE:

Co-authors and their email addresses:

Have all co-authors reviewed and approved this document? X Yes (required)

**Please (briefly) describe the following details of your proposed analysis:**

**Rationale and Background:**

**Research Objectives:**

**Hypotheses:**

**Data:**

Study sample: (e.g., entire sample or a subset)

Primary independent variable:

Outcome variable:

Covariates:

**Brief analysis plan and methods:**

**Clinical implications:**

**Target Journal:**