

**COLLEGE OF PUBLIC HEALTH INTERNATIONAL RESEARCH  
SCHOLARSHIP  
APPLICATION FORM**

Title of Proposal:

International Location Where Research Will Take Place:

Student Investigator Name (Dr. Ms. Mr.):

USF Student Identification Number:

Semester and Year Started at the COPH (e.g. Fall, 2007):

Department/Concentration (Select one, please): CFH\_\_ EPI/BIO\_\_ EOH\_\_ HPM\_\_ GH\_\_ PHP\_\_

Please indicate your degree program: (MPH, MSPH, PhD) \_\_\_\_\_

Total Funds Requested: \_\_\_\_\_ (Please submit an estimated budget.)

Please indicate if you are a financial aid recipient \_\_\_\_ Yes \_\_\_\_ No

Desired Start Date/Date of Departure: \_\_\_\_\_ Anticipated Duration of Study: \_\_\_\_\_

Term Enrolled in Special Project/Thesis/Dissertation: \_\_\_\_\_

Required Clearances:

(a) REQUIRED OF ALL STUDENTS: Education in the Protection of Human Subjects (aka IRB training)

Date Completed: \_\_\_\_\_ (Please provide a copy)

(b) Does this project require IRB Approval? Yes or No: \_\_\_\_\_

If yes, date application submitted:

Date application approved:

Attach a copy of the application/approval

(c) Does this project require an application for animal use? Yes or No: \_\_\_\_\_

If yes, date application submitted:

Date application approved:

Attach a copy of the application/approval

(d) Does this project require a biohazards application? Yes or No: \_\_\_\_\_

If yes, date application submitted:

Date application approved:

Attach a copy of the application/approval.

(For Forms See <http://health.usf.edu/research/resources.html#forms> )

(e) REQUIRED OF ALL STUDENTS: Research Approval by the appropriate authority in the host country

Name and address of host country authority:

Date application approved:

Attach a copy of the application/approval:

(f) REQUIRED OF ALL STUDENTS: Copy of appropriate visas, passport, insurance and all completed and signed forms required by the COPH International Field Experience Office

(For Forms see the COPH International Field Experience Website:

<http://health.usf.edu/publichealth/academicaffairs/fe/> )

Attach a Summary of the Research Proposed to the completed application and submit to the International Field Experience Office.

ENDORSEMENT SIGNATURES: By signing below, the student, faculty advisor and department chair acknowledge that the applicant has contractual responsibility for individual research and has completed all academic requirements for conducting this special project/thesis/dissertation. The student also agrees to complete report outlining accomplishments and experiences after return to the US.

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Student Investigator Date

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Faculty Investigator / Sponsor Date

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Department Chair Date

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International Field Experience Coordinator Date