**SMMSN Masters of Science in Medical Sciences Research Project Proposal form**

**Instructions;** Please complete all 3 sections and fields in the sections. Note some fields have word limits.

**SECTION ONE – to be completed by applicant in consultation with lead supervisor**

**Name** Click or tap here to enter text.

**University of Aberdeen ID** Click or tap here to enter text.

**University of Aberdeen email** Click or tap here to enter text.

**Current Degree Programme** Click or tap here to enter text.

**Title of proposed Masters’ Research project**Click or tap here to enter text.

**Proposed Lead Supervisor** Click or tap here to enter text.

**Proposed mode of study (tick box) Full time** [ ]  **Part time** [ ]

**Proposed start date** Click or tap here to enter text.

* **Project proposal (1000 words max.) including the following information:** Brief summary of the background to the project
* Specific aims and objectives of the planned research
* Outline of research methodology & research training opportunities
* An indicative timeline for achieving each of the specific aims

**Research Proposal**

**Why are you applying to do a Research Masters? (150 words max.)**

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**Why are you applying for this project research topic? (150 words max.)**

****

**END OF SECTION ONE**

**SECTION TWO - Project costs** **(to be completed by lead supervisor).**

Please provide information to indicate how the GBP3000.00 additional research costs might be spent to support the research. The examples in this table are editable.

|  |  |
| --- | --- |
|  **Masters of Science Research budget – 12 months (FTE)** |  |
|  |  |  |
| **Expenditure type** | **Details** | **Cost (£)** |
| University Facility Access | eg Cell culture facilities, Microscopy, Flow Cytometry, LC-MS |  |
| Lab | eg General Consumables |  |
|  | eg Cell culture plastics and disposables |  |
|  | eg Special chemicals |  |
|  |  |  |
| Training | eg Specific techniques |  |
|  |  |  |
| **Total** |  | **3000** |

**END OF SECTION TWO**

**SECTION 3 – Supervisor statement. To be completed by lead supervisor**

**% supervision split (lead supervisor)** Click or tap here to enter text.

**Other supervisory team members and % supervision split (Note it is SMMSN policy that a second supervisor is required for all PGR students as a minimum)** Click or tap here to enter text.

Please sign and date this form to confirm the following;

* I support this application for Masters of Science in Medical Sciences study by the named candidate
* I have discussed the research proposal with the candidate
* The objectives are achievable within the timeframe

Name 

Date 

Signature 

**END OF SECTION 3**