



The University of Jordan
Faculty of Dentistry
Research Committee

Proposal number:

/

Filled by RC

Form A: Proposal for non-funded research project

Date: / /

| | |
|----------------------|--|
| 1. Title of research | |
|----------------------|--|

| | | | | | |
|----------------------|----------------|---------------------|---------------------|----------------|--|
| 2. Researchers | | | | | |
| A. Main researcher. | | | | | |
| Name | First name | Father | Grandfather | Last name | |
| | | | | | |
| Academic degree | Full professor | Associate professor | Assistant professor | Lecturer | |
| Faculty | | Department | | Specialization | |
| Date appointed at JU | | | | | |
| E-mail | | | | | |
| Phone | work | home | Mobile phone | | |
| | | | | | |
| Signature | | | | | |

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|------------------------|------------------|---------------------|---------------------|-------------------|---------------------|---------------------|
| B. Research partners: | | | | | | |
| | First researcher | | | Second researcher | | |
| Name | | | | | | |
| Academic degree | Full professor | Associate professor | Assistant professor | Full professor | Associate professor | Assistant professor |
| Department and faculty | | | | | | |
| Date appointed at JU | | | | | | |
| Signature | | | | | | |
| | Third researcher | | | Fourth researcher | | |
| Name | | | | | | |
| Academic degree | Full professor | Associate professor | Assistant professor | Full professor | Associate professor | Assistant professor |
| Department and faculty | | | | | | |
| Date appointed at JU | | | | | | |
| Signature | | | | | | |

| C. Researchers Assistants/Lab Technician | | |
|--|-------|--------|
| | First | second |
| Name | | |
| Qualifications | | |
| Department & faculty | | |

3. Contribution of every researcher:

4. Proposal's summary/abstract (150 – 200 words)

5. Background of the project:

6. Aims and Objectives:

7. References.

8. The research experimental design and methods. (Please comment on participant's recruitment methods, number, age, gender, and exclusion/inclusion criteria).

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| 9. Period of time needed for executing the research: | |
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| 10. Ethics: | |
| Does the research needs ethical approval? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, has an ethics approval form been filled? <i>If yes, please append it to this form.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| 11. The research importance: |
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| 12. Parties that might take benefit from the research: |
| |

| 13. List of the main investigator published research in the last five years: | | | | | |
|--|-------|---------|-------|------|--------|
| no. | Title | Journal | Pages | Year | Volume |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
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| 9. | | | | | |
| 10. | | | | | |

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| Recommendations of the committees: | | | |
| 1- The department's council: | | | |
| | | | |
| Chairman | | Date | |
| Signature | | | |

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|--|--|------|--|
| 2- The University of Jordan Hospital (or other external professional bodies) responsible committee (If applicable): | | | |
| | | | |
| Chairman | | Date | |
| Signature | | | |

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|---|--|------|--|
| 2- Academic Research Committee at the Faculty: | | | |
| | | | |
| Head of the committee | | Date | |
| Signature | | | |

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|-----------------------|--|------|--|
| Faculty Dean : | | | |
| | | | |
| Dean signature | | Date | |
| | | | |