SCHOOL OF NURSING PROPOSAL ACCEPTABILITY FORM

Proposal Number:

PI: _____

Title: _____

This proposal has been reviewed by:

	Yes	No
Reviewer 1: _____	_____	_____
Reviewer 2: _____	_____	_____
Department Vice Chair for Research:_____	_____	_____
This proposal is acceptable for submission:	_____	_____
This proposal is not acceptable for submission at this time	_____	_____

_____ _____

Department Vice Chair for Research Date

_____

Department Chair _____

Date

Reviewers: Name, University, School or Department

Reviewer 1:

Reviewer 2