



Biomedical Research Infrastructure Center  
115 South Chestnut Street  
Winston-Salem, NC 27101

## RESEARCH PROPOSAL

Scholar's Printed Name \_\_\_\_\_

Mentor's Printed Name \_\_\_\_\_

Semester \_\_\_\_\_

I have discussed my research project and research goals with my mentor(s). The submitted proposal was initially written by me. My mentor and I have read, reviewed and edited the proposal as shown below.

Scholar's Signature \_\_\_\_\_

Date \_\_\_\_\_

Mentor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Azeez Aileru, PhD Director  
336-761-5899  
[ailerua@wssu.edu](mailto:ailerua@wssu.edu)

Patricia D. Flowers, PhD, Coordinator  
336-761-5896  
[flowerspd@wssu.edu](mailto:flowerspd@wssu.edu)