

Touro College  
Office of Sponsored Programs (OSP)

**Faculty Research Fund**  
Proposal Synopsis Form

<b>PI Name:</b>		<b>Phone #</b>	<b>Email:</b>
<b>Dept./Program/Center:</b>		<b>Position/Title:</b>	
<b>School:</b>			
<b>Graduate Division</b> <input type="checkbox"/> Business <input type="checkbox"/> Education <input type="checkbox"/> Jewish Studies <input type="checkbox"/> Psychology <input type="checkbox"/> Social Work <input type="checkbox"/> Technology <input type="checkbox"/> Health Sciences	<b>Undergraduate Division</b> <input type="checkbox"/> Lander College of Arts & Sciences <input type="checkbox"/> Lander College for Men <input type="checkbox"/> Lander College for Women <input type="checkbox"/> New York School of Career & Applied Studies <input type="checkbox"/> School of Health Sciences <input type="checkbox"/> Touro College Berlin <input type="checkbox"/> Touro College Israel <input type="checkbox"/> Touro College Los Angeles <input type="checkbox"/> Touro College South	<b>Professional</b> <input type="checkbox"/> Osteopathic Medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Machon L'Parnasa-IPS <input type="checkbox"/> The Jacob D. Fuchsberg Law Center	
<b>Project Title:</b>			
<b>Funds Requested:</b> _____  * Attach Budget & Proposal Narrative (not to exceed four pages)		<b>Proposals must be submitted by May 1, 2012</b>  <b>Final Report Due by June 1, 2013</b>	

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**Approval Certifications:**

**Principal Investigator:** I certify that the above information is true, accurate and complete as of this date. I accept full responsibility for the conduct of this project and for adhering to all provisions required by the sponsoring agency and Touro College.  I hereby certify that no conflict of interest is posed by my undertaking this project if it is selected for funding.  A potential conflict of interest does exist. Please contact OSP immediately.

\_\_\_\_\_  
Principal Investigator Signature, Printed Name, and Date

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**Department Program Chair:** (If required) The attached application is approved. It is within the total program and academic objectives of the Department. Adequate space is available or planned for the conduct of this project. The time allocations described therein are realistic.

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Department Chair Signature, Printed Name, and Date

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**Dean of School:** The proposed project application is approved. If matching funds/cost sharing is required I will be responsible for assuring that the necessary resources are made available. The information contained on this form is accurate and correct to the best of my knowledge.

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Dean Signature, Printed Name, and Date