

**University of Rochester Medical Center  
Department of Community & Preventive Medicine  
Master's Research Project Approval Form**

Student Name: \_\_\_\_\_ Prg. of Study: \_\_\_\_\_

Proposal Topic Title: \_\_\_\_\_  
\_\_\_\_\_

Committee Information:

Chair: \_\_\_\_\_

Members/Dept. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approval:

\_\_\_\_\_  
Signature/Date

Please forward completed form to:

Pattie Kolomic, URMHC-HWH, Rm.4W156, Box 644 ([pattie\\_kolomic@urmc.rochester.edu](mailto:pattie_kolomic@urmc.rochester.edu)) or

Sheila K. McCart, URMHC-HWH, Rm. 4W157, Box 644 ([sheila\\_mccart@urmc.rochester.edu](mailto:sheila_mccart@urmc.rochester.edu))

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Office Use Only:

Does proposed research project qualify under a community benefit category?    Yes    No