

Loyola University Chicago Stritch School of Medicine
Leischner Institute Scholars Program

Educational Research Project Proposal

Applicant _____ Date _____
(Type or print name)

Department _____ Extension _____

PROJECT SUMMARY

Project name:

Brief description of proposed project:

Identify research goals:

Identify expected outcomes:

Please return completed forms via interoffice mail to:

**Sandra Cavaliere
Office of Educational Affairs
SSOM, 120- Rm 320**