**Non-KYCOM Affiliated Research Report Form**

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| **Student’s Name:** | | **Class of:** |
| **Title of the Research Project:** | |  |
| **Type of the Research Project (Case study, Bench Work, Review etc.):** | | |
| **Period of the Research Conducted:** | |  |
| **Research Project Approvals by IRB or IACUC (if applicable)**   * 1. **Date of Submission:**   2. **Date of Approval/Exemption:** | | |
| **Abstract of the Research Project:** | | |
| **Name of Research Institution:** | | |
| **Name of the Outside Principal Investigator:** | | |
| **Contact of the Outside Principal Investigator** | | |
| **Phone:** | **Email:** | |
| **Manuscript Submission (Title, Authors, Affiliations, Journal):** | | |
| **Conference Submission (Title, Authors, Affiliations):** | | |

**Note: Please attach the proof of manuscript/conference acceptance and registration**