



Jordan University of Science and Technology  
Non-Funded Research Grant for Documentation or Sabbatical Leave  
(Form A2)

Instructions about each section of the proposal are given in Form A3

THIS SECTION IS ONLY FOR DEANSHIP OF RESEARCH USE									
Project Number									
Type of Fund									
Total Amount Requested (JD)				Amount of Grant Approved (JD)					
Date Submitted									
Starting Date (Upon Approval)					Duration (Months)				

# A

## ADMINISTRATIVE

**A-I: PROPOSAL TITLE** (Provide a short descriptive title, give prominence to keywords)

English:
Arabic:

**A-II: TYPE OF FUND APPLIED FOR** (Select one)

<input type="checkbox"/>	Faculty Member Research Grant (FMRG)
<input type="checkbox"/>	Thesis Oriented Research Grant (TORG)
<input type="checkbox"/>	Collaborative and Competitive Research Grant (CCRG)
<input type="checkbox"/>	Non-Funded Research Grant for Documentation (NFRG)
<input type="checkbox"/>	Sabbatical Leave Research Grant (SLRG)

**A-III: COMMERCIAL POTENTIAL**

Could this project have commercial potential? (Select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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#### A-IV: CHECK-LIST

- Have you checked to ensure all questions in the application form have been answered?
- Have you checked to ensure all questions in section K (ethical issues) have been answered?
- Have you included copies of relevant ethical forms (Research on Animals and Research on Humans)? It is the Principal Investigator's responsibility to obtain approvals from the appropriate university committee.
- Have you checked to ensure you have included the correct costs in your budget?
- The principal investigator and all co-principal investigators should sign.

#### A-V: PERSONNEL AND AUTHORIZATION

##### PRINCIPAL INVESTIGATOR

Academic Rank:	Full Name:
College:	Department:
Telephone:	Ext:            Mobile:
Fax:	E-Mail:
Signature:	Date:    /    /

##### CO-PRINCIPAL INVESTIGATOR (S)

Academic Rank:	Full Name:
College:	Department:
Telephone:	Ext:            Mobile:
Fax:	E-Mail:
Signature:	Date:    /    /

Academic Rank:	Full Name:
College:	Department:
Telephone:	Ext:            Mobile:
Fax:	E-Mail:
Signature:	Date:    /    /

Academic Rank:	Full Name:
College:	Department:
Telephone:	Ext:          Mobile:
Fax:	E-Mail:
Signature:	Date:   /   /

Academic Rank:	Full Name:
College:	Department:
Telephone:	Ext:          Mobile:
Fax:	E-Mail:
Signature:	Date:   /   /

Academic Rank:	Full Name:
College:	Department:
Telephone:	Ext:          Mobile:
Fax:	E-Mail:
Signature:	Date:   /   /

Academic Rank:	Full Name:
College:	Department:
Telephone:	Ext:          Mobile:
Fax:	E-Mail:
Signature:	Date:   /   /

# B

## DESCRIPTION

**B-I: ABSTRACT** (Provide a statement of the problem in Arabic language in a separate sheet as in Appendix A)

**B-II: PROJECT GOALS AND OBJECTIVES**

# C

## INTRODUCTION

### C-I: REVIEW AND ANALYSIS OF RELATED WORK

### C-II: SIGNIFICANCE OF WORK

# D

## APPROACH AND METHODOLOGY

### D-I: METHODOLOGY

### D-II: LOCATION AND SAFETY CONSIDERATIONS

### D-III: AVAILABLE RESOURCES

### D-IV: EXPECTED RESULTS/OUTPUTS

# E

## REFERENCES

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# F

## THE ROLE OF THE INVESTIGATOR(S)

(Attach a brief C.V. for each investigator following the format in Appendix B)

No.	Name of Investigator	Area of contribution to the project
1		
2		
3		
4		
5		



# G

## PROJECT SCHEDULE

### PHASES OF PROJECT IMPLEMENTATION

Sequences	Task	Duration (Months)
1		
2		
3		
4		
5		
6		
7		
Total duration for the proposed project		

# H

## BUDGET OF THE PROPOSED RESEARCH (Not Required)

# I

## JUSTIFICATION OF BUDGET (Not Required)

# J

## ON-GOING FUNDING FROM JUST (Not Required)

# K

## ETHICAL ISSUES

Research involving activities marked with an asterisk (\*) in the left column in the table below will be referred automatically to Ethics Review

	Research on Human Embryo/Foetus	No	Yes	Page
*	Does the proposed research involve human Embryos?	<input type="checkbox"/>	<input type="checkbox"/>	
*	Does the proposed research involve Foetal Tissue/Cells?	<input type="checkbox"/>	<input type="checkbox"/>	
*	Does the proposed research involve Embryonic Stem Cells (hESCs)?	<input type="checkbox"/>	<input type="checkbox"/>	
*	Does the proposed research involve Embryonic Stem Cells?	<input type="checkbox"/>	<input type="checkbox"/>	
*	Does the proposed research on Human Embryonic Stem Cells involve the derivation of cells from Embryos?	<input type="checkbox"/>	<input type="checkbox"/>	

	Research on Humans	No	Yes	Page
*	Does the proposed research involve Children?	<input type="checkbox"/>	<input type="checkbox"/>	
*	Does the proposed research involve patients?	<input type="checkbox"/>	<input type="checkbox"/>	
*	Does the proposed research involve persons not able to give consent?	<input type="checkbox"/>	<input type="checkbox"/>	
*	Does the proposed research involve Human genetic materials?	<input type="checkbox"/>	<input type="checkbox"/>	
	Does the proposed research involve Human biological samples?	<input type="checkbox"/>	<input type="checkbox"/>	
	Does the proposed research involve Human data collection?	<input type="checkbox"/>	<input type="checkbox"/>	

	Research on Animals	No	Yes	Page
	Does the proposed research involve Animals?	<input type="checkbox"/>	<input type="checkbox"/>	
	Are those animals transgenic small laboratory animals?	<input type="checkbox"/>	<input type="checkbox"/>	
	Are those animals transgenic farm animals?	<input type="checkbox"/>	<input type="checkbox"/>	
*	Are those animals non-human primates?	<input type="checkbox"/>	<input type="checkbox"/>	
	Are those animals cloned farm animals?	<input type="checkbox"/>	<input type="checkbox"/>	

### DISCUSS ANY RELATED ETHICAL ISSUES (Named Principal Investigator)

## Appendix A: Arabic

عنوان البحث :

ملخص باللغة العربية:

## Appendix B: C.V. Format for Principal Investigator and Co-Investigators

(Two pages maximum, material should be related to submitted project)

<b>Title and Name:</b>
<b>Specialty:</b>
<b>Department and College:</b>
<b>Summary of Experience/Achievements Related to Research Proposal:</b>
<b>List of Relevant Publications:</b>

## Appendix C: Evaluations and Approvals

### DEPARTMENT Evaluation and Recommendation

Item/ Evaluation	Excellent	Very good	Good	Weak
Research methodology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research contribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research applicability and relevance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations of the Department Research Committee <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved				
Amount of Budget Approved by Department Research Committee: (JD)				
Chair. of Dep. Res. Committee - Title and Full Name:				
Signature:		Date: / /		
Recommendations of the Department Council		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Signature:		Date: / /		

### FACULTY Recommendation

Recommendation of the Faculty Research Committee		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Chair. of Fac. Res. Committee - Title and Full Name:				
Signature:				
Date: / /				
Recommendation of the Dean of the Faculty		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Signature:		Date: / /		

**INSTITUTIONAL RESEARCH BOARD (IRB) APPROVAL** (If applicable; refer to section K please).

Any research on human should be approved by the University Review Committee for Research on Human before approving this research work.

Recommendation of the University Review Committee for Research on Human.

- Approved.  
 Approved with conditions\*  
 Disapproved.

\*

Chairman of University Review Committee for Research on Human - Title and Full Name:

Signature:

Date: / /

**ANIMAL CARE AND USE COMMITTEE (ACUC) APPROVAL** (If applicable; refer to section K please).

Any research on animals should be approved by the University Review Committee for Research on Animals before approving this research work.

Recommendation of the University Review Committee for Research on Animals.

- Approved.  
 Approved with conditions.\*  
 Disapproved.

\*

Chairman of University Review Committee for Research on Animals - Title and Full Name:

Signature:

Date: / /

**UNIVERSITY RESEARCH COMMITTEE Recommendation**

Recommendation of the University Research Committee.

- Approved: Amount of grant approved: ( JD)  
 Disapproved:  
 Postponed:  
 Directed to:

Dean of Research - Title and Full Name:

Signature:

Date: / /