

Minnesota State University, Mankato
School of Nursing
Pre-Licensure Program
Undergraduate Research Project Form

Please complete and submit this form to the SON Office (WH 360); resubmit the form

Project Start Date: _____

Student Name (first, last): _____ Tech ID#: _____

Faculty Mentor: _____

Project Name: _____

IRB Information:

IRB Submitted Date: _____

IRB Title: _____

IRB Approval Date: _____

Presentations:

Presentation 1

Type of Presentation (podium or poster): _____

Conference/Event: _____

Date of Presentation: _____

Presentation 2

Type of Presentation (podium or poster): _____

Conference/Event: _____

Date of Presentation: _____

For Office Use:

Date Received: _____

Date Changes Entered: _____ Initials: _____