



UNIVERSIDAD DE PUERTO RICO, RECINTO DE CIENCIAS MEDICAS
UNIVERSITY OF PUERTO RICO, MEDICAL SCIENCES CAMPUS
PO BOX 365067, SAN JUAN, PR 00936-5067 ▪ TEL (787)-758-2525

Research Proposal Evaluation Form

PRINCIPAL INVESTIGATOR _____

DEPARTMENT _____ FACULTY _____ RESIDENT _____ STUDENT _____

PROJECT TITLE _____

1. Is the title descriptive and complete?

Note: A complete title includes predictors variables, outcomes variables and study design.

()Yes ()No ()Other _____

If no, explain _____

2. Is the background and significance of the study clearly stated?

()Yes ()No ()Other _____

3. Is the Aim(s) of the project clearly stated?

()Yes ()No ()Other _____

4. Is the study hypothesis clearly stated?

()Yes ()No ()Other _____

5. Is the systematic literature review complete and adequate?

()Yes ()No ()Other _____

6. Is the methods descriptions clear and complete?

Note: study design, procedures, calibration and statistical design

()Yes ()No ()Other _____

7. Is the research design reliable according to the objectives of the study?

()Yes ()No ()Other _____



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8. Is the correct statistical design employed?
()Yes ()No ()Other_____

9. This proposal should be:

- Approved as is
- Approved if the following modifications are made:

Not approved because:

Signature _____ Date _____