

DEANSHIP OF SCIENTIFIC RESEARCH

APPENDIX-C

RG-1

SABIC/FAST-TRACK RESEARCH PROJECT NO. _____
Title of Proposal: _____

Duration of Project (in months): _____

Proposed Starting Date: _____

Ending Date: _____

Total Project Cost (SR): _____

Submitted by:

(Name of Pr. Inv.) (Academic Rank) (Department) (Signature)

(Name of Co.Inv-1) (Academic Rank) (Department) (Signature)

(Name of Co.Inv-2) (Academic Rank) (Department) (Signature)

(Name of Co.Inv-3) (Academic Rank) (Department) (Signature)

(Name of Co.Inv-4) (Academic Rank) (Department) (Signature)

Date: _____

APPROVALS:

Chairman: _____ Date: _____

Department of: _____

Chairman,
Research Committee: _____ Date: _____

Vice Rector for Graduate Studies and Scientific
Research: _____ Date: _____

RG-2

EXAMPLE

TIME TABLE

Task	Months									
	1	2	3	4	5	6	7	8	9	10
A. Statement of the Problem	■									
B. Traditional House		■	■							
C. House and Housing Today				■						
D. Design Systems		■	■	■	■	■	■	■		
E. Redefinition of the problem									■	■

Work Plan

SELECTION OF REFEREES

PROPOSAL/PROJECT TITLE:

PRINCIPAL INVESTIGATOR:

The Research Administration Office requests you to provide a list of reputable scholars who are qualified to evaluate the proposal/report. We strongly suggest that these scholars be **internationally well known researchers with significant contributions in the area of the proposal/report.** You are also requested to refrain from suggesting referees who have a personal association with the proponent.

You are also requested to indicate the area within which the proposal/report broadly falls. This will help us classify the proposal/report in our records. Please note that the Research Administration Office is not obliged to use the services of the referees nominated by you. Thank you.

NAMES AND ADDRESSES OF INTERNATIONALLY REPUTABLE REFEREES

Within KFUPM
(If available)

Outside KFUPM

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| 2. | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| 3. | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| 4. | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

AREAS CLOSELY RELATED TO THE PROJECT/PROPOSAL ARE:

Name: _____ **Signature:** _____

DEPARTMENT CHAIRMAN'S CONFIDENTIAL
COMMENTS ON A RESEARCH PROPOSAL

Title of Proposal _____

Principal Investigator: _____

1. To your knowledge, has the work proposed by the investigator been carried out before, partially or fully?

(If you do not know, please find out): _____

2. Does your department have adequate facilities to accomplish the project? _____

Or, if not:

a. Is this equipment available in any other academic department in the University?

b. Do you support the acquisition of the requested equipment? _____

c. Do you have adequate space for the equipment? _____

3 Does this proposal fall into any of the existing areas of excellence in your department? _____

If not, please answer the following question:

a Are you proposing a new area of excellence? Please describe:

b Please name all faculty members who will be working in this area of excellence (including possible members of other departments)

4. Are the roles of the project team members (consisting of the Principal Investigator, Co-Investigators, graduate students and Consultant) clearly defined in the proposal with relation to the tasks and the project schedule.

5. Are the Project Objectives, Utilization Plan and the Deliverables clearly defined?

6. Is the proposed period within the contract period of the proponent? _____

If no, does the proponent intend to stay beyond his current contract? _____

7. How valuable is this project to your department?

RECOMMENDATIONS: _____

Chairman, Department of _____

STATEMENT OF DISCLAIMER BY THE PRINCIPAL INVESTIGATOR

TO WHOMSOEVER IT MAY CONCERN

This is to confirm that I submit herewith a research proposal entitled

for funding by the University under SABIC / FAST TRACK Grants during the year 2004.

I would like to state that I have not submitted this research proposal, either in part, or in full, or under different title to any funding agencies including KACST, Research Institute, Academic Development Center, or any outside agency and I stand to lose a chance to get financial support **or any related action** from the University if, at a later date, it is made known that a similar proposal submitted by me to another agency for funding.

I declare that whatever I have stated is true to the best of my knowledge and understanding.

I will inform the Deanship of Scientific Research if I decided to leave KFUPM for more than one academic semester

Name of the Investigator and Co-Investigators	Signature

CHECKLIST FOR RESEARCH PROPOSALS**VERY IMPORTANT POINT:**

Please read the following points carefully and confirm their availability with suitable check mark [X] before submitting the research proposal to the University Research Office

- [] 1. Title Page a) English [] b) Arabic []
- [] 2. Table of Contents
- [] 3. Abstract a) English [] b) Arabic []
- [] 4. Introduction
- [] 5. Literature Review
- [] 6. Project Objectives a) Basic [] b) Applied []
- [] 7. Description of the Proposed Research
- [] 8. Experimental Design and Procedure (if available)
- [] 9. Equipment Requirements, Availability and Detailed Justifications
- [] 10. Personnel Requirements
- [] 11. Scheduling of the Proposed Research indicating Involvement of Team Members
- [] 12. Individual Roles of Project Team Members in relation to Project Tasks
- [] 13. Monitoring and Evaluation Plan
- [] 14. Utilization Plan and Deliverables
- [] 15. References
- [] 16. Budget
- [] 17. Resumes of the Investigators
- [] 18. Suggested Reviewers

Signature:

Name of the Principal Investigator:

Date: