**ADVISOR CHECKLIST FOR 2024 URBAN HEALTH INSTITUTE**

**BALTIMORE HEALTH EQUITY IMPACT GRANTS PROGRAM**

**All fields must be complete. Incomplete forms will lead to the grant not receiving consideration.**

|  |  |
| --- | --- |
| Student Name |  |
| Affiliation (which school and department) |  |
| Expected Graduation Date |  |
| Advisor Name |  |
| Advisor Affiliation (if different from student) |  |
| Advisor JH Email Address |  |

**To be completed by advisor:**

1. Does the student have sufficient background knowledge of this project? YES or NO
2. Given what you know about the student’s course load and other obligations, is it your opinion the student will complete the project? YES or NO
3. Do you feel this project needs IRB approval? YES or NO
If yes, please indicate who will be serving as the IRB advisor? (The student must have an identified faculty advisor if IRB is required).
 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Are you able to serve as general advisor to the student should there be any questions during the project? (if response is no it does not preclude the student from being awarded the grant) YES or NO

Advisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_