**FACULTY ADVISOR CHECKLIST FOR 2025 URBAN HEALTH INSTITUTE**

**BALTIMORE HEALTH EQUITY IMPACT GRANTS PROGRAM**

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

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

**To be completed by the Faculty 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 anticipate that this project would require IRB approval? YES or NO
If so, can you serve as the IRB advisor?
4. Are you able to serve as a general advisor to the student should there be any questions during the project? (if the response is ‘no,’ it would preclude undergraduate students from being awarded the grant) YES or NO

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