

APPENDIX C.1.B

FACULTY EMAIL REQUEST FOR STUDENT NAMES

TO: [FILL: FACULTY NAME]

FROM: [FILL: PROJECT DIRECTOR NAME]

SUBJECT: [FILL: NAME OF SCHOOL] Doctoral Training and Education

Dear [FILL: FACULTY NAME]:

Again, let me thank you for agreeing to an interview to assist with the study for the Office of Research Integrity.

As part of the research design for this project, we would also like to talk with some of your doctoral students or M.D./Ph.D. students to learn about doctoral training and education from their perspective. It would be very helpful if you could provide the names of recent graduates or those who have graduated in the past five years. We would like to interview the graduates at about the same time as we interview you. Could you please provide the information about your students in the grid below and email it back to me?

Please also let us know what days and times are convenient for you to meet and your preferred location for the interview.

Thank you very much!

Sincerely,

[FILL: PROJECT DIRECTOR NAME]
Project Director

DOCTORAL STUDENT CONTACT INFORMATION

Student Name	Email Address	Phone Number

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average (hours)(minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 537-H, Washington D.C. 20201, Attention: PRA Reports Clearance Officer