

Medical Student Research Program

Summer Option

2018

Return completed application, including personal statement to the Office of Research to kocain@umc.edu by February 1, 2018.

1. Applicant Name

2. Project Title

3. Mentor Information

A. Mentor Name

B. Department

C. Email/Phone

Funding Sources(s) None
 AHA
 NIH
 Other

List Other Funding Sources

IRB Approval Yes
 No
 Pending
 N/A

IRB Protocol Name/Approval Date

IACUC Approval Yes
 No
 Pending
 N/A

IACUC Protocol Name/Approval Date

Applicant Name

4. Project Description

A. Background, Significance and Objectives(s) - max 250 words

B. Methods and Data Analysis (with student role specified) - max 400 words

Applicant Name

C. Anticipated Results - max 250 words

5. Mentorship Plans and Interactions - max 250 words

Applicant Name

6. Personal Statement - max 400 words