



APPLICATION FORM - First Year Medical Student
Summer Research Program 2009

Attach a copy of your 1-2 page Research Proposal, your Personal Statement and the Faculty's Bio (if appropriate) to this application form and submit to Linda Guardioli, in the Office of Educational Programs, JLL 315, by Tuesday, March 31, 2009. For more information or questions regarding the application, contact Linda 713. 500.5334 or via email at Linda.Guardiola@uth.tmc.edu.

STUDENT APPLICANT INFORMATION

Name: _____ In Good Academic Standing? _____

Phone: _____ Cell Phone #: _____ Ethnicity: * _____

Address: _____ Female [] Male []

_____, TX (zip) _____

Undergraduate Degree (B.A. / B.S.): _____ Major: _____

(* African-American; Asian; Caucasian, Hispanic, etc.)

FACULTY MENTOR INFORMATION

Name: _____ Degree: _____

Department: _____

Phone: _____ Faculty biographic sketch attached: * Yes _____

Inter-institutional Address: _____

*Faculty who are not listed in the "Faculty Biographical Sketch List for MS-1's" must provide a NIH-approved biographical sketch. A biographical sketch template and sample format can be accessed from the website: http://grants1.nih.gov/grants/funding/2590/2590.htm The RTF format is preferred. If there are problems, please contact Linda Guardioli, x-5334.

PROPOSAL INFORMATION

With your faculty mentor, write a 1-2 page project proposal. The project proposal should be in your own words! Major excerpts from your mentor's grant proposals will not be accepted.

Title: _____

Will your proposed project require the use of animals? _____ If yes, identify species: _____ AWC # _____

Have you had a course in animal care? _____ If yes, indicate approximate date of this course: _____

Will your proposed project require the use of radioisotopes? _____ If yes, identify radioisotopes: _____

Have you had a course in radiation safety? _____ If yes, indicate approximate date: _____

Will you have direct contact with patients? _____ IRB # _____

MS 1 Applicant's Signature

Faculty Mentor's Signature