

Summer Research Assistantship (SRA) - 2020

Program in Liberal Medical Education (PLME)

Student Applicant

Name:	Year:	E-mail Address:
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Faculty Mentor

Name:	Department:
Title:	E-mail Address:

Title of Project:**Abstract (150 words or less):**

Previous SRA:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, who was your previous mentor?
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Human Subjects:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vertebrae Animals:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approval Date:	<input type="checkbox"/> Pending		Approval Date:	<input type="checkbox"/> Pending	
IRB Approval #:			IACUC Approval #:		

As the student researcher:

I certify that this is my own original work, and I have worked with my mentor in the development of this project. The information submitted within this application is true, complete, and accurate to the best of my knowledge. If this application is approved, I agree to accept responsibility for the scientific conduct of the project.

Student signature:	Date:
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As the faculty mentor:

I certify that I have worked with the student in the development of this application. This work is separate from my own work; it is the original work of the student. I certify that the information submitted within this application is true, complete, and accurate to the best of my knowledge, and have reviewed this proposal to ensure its scientific merit and adequacy. I have reviewed and agree to follow the mentorship expectations.

Mentor signature:	Date:
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Student Researcher (Last, First, Middle):

BACKGROUND AND SPECIFIC AIMS (500 words or less)

Student Researcher (Last, First, Middle):

RESEARCH STRATEGY (500 words or less)

A. Significance

B. Innovation

C. Approach

Student Researcher (Last, First, Middle):

REFERENCES (no page limit)

Student Researcher (Last, First, Middle):

BIOSKETCH AND STUDENT RESPONSIBILITIES (500 words or less)