1. Name: Click here to enter text.
2. Mobile phone number: Click here to enter text.
3. SOM Email address: Click here to enter text.
4. Project Title: Click here to enter text.
5. Project dates (MUST BE 8 WEEK PERIOD): Start date: Click here to enter text. End date: Click here to enter text.
6. Name of School of Medicine Mentor: Click here to enter text.
7. Mentor’s Department: Click here to enter text.
8. Number of hours of weekly mentoring: Click here to enter text.
9. IRB approval needed: Yes [ ]  No [ ]

**If yes, application will not be accepted without Determination Letter attached.**

1. IACUC approval needed: Yes [ ]  No [ ]

If yes, IACUC # Click here to enter text.

 \*If IACUC approval is needed, application will not be accepted without the IACUC number.

1. Please attach a brief (one page) description of the project, which should include the following information:
	1. Concise background and significance of the proposed project
	2. The hypothesis tested or questions addressed by the project
	3. Specific aims of the research proposal
	4. The student’s role in the project

By signing this application, the student and mentor agree that the fellowship recipient will present a poster during Health Sciences Research Day, November, 2018.

Student Name: Click here to enter text.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor Name: Click here to enter text.

Mentor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_