

# UAB DEPARTMENT OF MEDICINE

## Medical Student Summer Internship Application



### Applicant Information

Name (Last, First)	
Mailing Address	
City, State, Zip	
Phone Number	
Email Address	

### Mentor Information

Name (Last, First)	
Mailing Address	
City, State, Zip	
Phone Number	
Email Address	

### Undergraduate Information & Training

Institution Name	
Institution Address	
City, State, Zip	
Degree Conferred	
Year Completed	
Field(s) of Study	

### Advanced Degrees (MS, PhD, etc.)

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**Prior Clinical/ Research Experience(Including Publications)**

**Statement of Research Interests and Career Goals(250-300 words)**

## Research Proposal (1-2 paragraphs)

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## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Full Name (printed)	
Signature	
Date	

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Submit the completed application form to: ShaDel Nix Williams, J.D., Program Director III  
([shadel@uab.edu](mailto:shadel@uab.edu))

Mailing Address:

ShaDel Nix Williams, J.D.  
Program Director III  
Department of Medicine Chairman's Office  
University of Alabama at Birmingham School of Medicine  
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1808 7th Avenue South  
Birmingham, Alabama 35294