Scholarly Activity: Student-Mentor Initial Agreement

Your Name: __________________________________________________________________________

Proposed Title for Project: __________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

☐ IRB or ☐ IACUC approval/exemption will be required (Please check)

Mentor Name: __________________________________________________________________________

Mentor Department/Affiliation: __________________________________________________________________________

Mentor Signature*: __________________________________________________________________________

Co-Mentor Name: __________________________________________________________________________
(if required)

Co-Mentor Department/Affiliation: __________________________________________________________________________

Co-Mentor Signature*: __________________________________________________________________________

If your SA will be performed at another institution or abroad, please state: ____________________________


Date

Please submit signed and completed document to MedMap either as a PDF or an electronically signed Word document.

*I acknowledge that I have read and understand the UASOM Goals and Objectives for the Educational Program Leading to the MD Degree. (http://www.uab.edu/medicine/home/images/education/ume/md_goals.pdf)