

Scholarly Activity: Student-Mentor Initial Agreement: Class of 2026

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 <u>UAB Heersink SOM Goals and Objectives for the Educational Program Leading to the MD Degree</u>. (http://www.uab.edu/medicine/home/images/education/ume/md_goals.pdf)