

Submit no later than 05/01/22 to Scholarly Activity Part I in MedMap



## 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). ([http://www.uab.edu/medicine/home/images/education/ume/md\\_goals.pdf](http://www.uab.edu/medicine/home/images/education/ume/md_goals.pdf))