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)