

Medical Student Summer Research Program

Check the program(s) you are applying for:

- Medical Student Summer Research Program (MSSRP)
- American Heart Association Summer Fellowship in Cardiovascular Biology
- O'Brien Center Summer Research Program - Kidney-related research

Appointment Period:

- 8 weeks June 10 – August 4, 2-13 (20 slots)
- 10 weeks June 10 – August 18, 2013 (10 slots)

Student Name	
email address	
Mailing Address	
Phone number	

Gender	M	F
Citizenship	US Citizen	Permanent Resident

Ethnic Origin

- | | |
|----------------------------------|---|
| American Indian or Alaska Native | Native Hawaiian or Other Pacific Islander |
| Asian | Black or African American |
| White | Do not wish to provide |

Are you Hispanic or Latino?	Yes	No	Do not wish to provide
Do you have a disability?	Yes	No	Do not wish to provide

MCAT Scores

MCAT verbal	
MCAT physical	
MCAT biological	
MCAT writing	

Education after high school (provide the following for EACH institution attended):

Institution	City/State	Degree Conferred	Year Completed	GPA

Previous Research Experience (please list each experience separately)

Year(s)	Where	Mentor

Description of project – one sentence

Year(s)	Where	Mentor

Description of project – one sentence

Title of your Summer 2013 Proposal

Mentor's Information

Mentor's Name	
email address	
Campus Address	
Phone number	

a)Mentor's comment on applicant's qualifications

Mentor's description of student's role in project

Medical Student Summer Research Program Agreement

STUDENT:

- I am a student in good academic standing.
- I am not a holder of a Master's or Ph.D. degree from a program in the biomedical sciences that included research experience.
- I am not currently enrolled in a program leading to a Master's or Ph.D. degree in biomedical research.
- If I am selected to receive a Summer Research Fellowship, I agree to present my findings (negative or positive) at the Medical Student Research Day competition. My advisor and I also understand that one of our goals is to have the results of my summer research included in a subsequent publication from my advisor's laboratory with the acknowledgement of the student contribution as co-author.
- If I am selected to participate in this program, I agree to return questionnaires concerning the progress of my career that will be sent to me over the next few years, and I will provide change of address notification to Dr. Lorenz as necessary.
- I will attend summer seminar programs pertaining to my research. I will attend the summer seminar series entitled "Understanding the Research Enterprise."
- I will provide a copy of the abstract of my poster for the Annual Medical Student Research Day competition as a PDF email attachment to Jackie Bennett at jackiebennett@uab.edu
- I independently wrote this T35 Research Proposal.
- All the information I have provided in this application is true.

Signature of applicant

Date

MENTOR:

- I am willing to accept this student in my laboratory and will take responsibility for his/her participation in Medical Student Research Day. If this student's work is selected for oral presentation or as a category winner at MSRD, I agree to provide an honorarium for that student's accomplishments (\$100-\$200). I also agree to help defray the student's expenses to a national scientific meeting if their abstract based on the student's summer work is selected for inclusion in the meeting program.
- I certify that my role in this Medical Student Summer Research Program's proposal was as an advisor, and that the proposal was written in full by the student.

Signature of faculty sponsor

Date

Printed name of faculty sponsor _____

Submit this application form and project proposal by email to Jackie Bennett at jackiebennett@uab.edu.

Your submission should include the following:

1. This completed application, signed by both you and the faculty mentor
2. Your CV or resume
3. The 2-5 page research proposal
4. Your mentor's current NIH Biosketch
5. Your mentor's NIH Other Support
6. Your mentor's NIH Data Tables 5A/5B, listing your mentor's past/current trainees (include MD and PhD students as well as MD and PhD postdocs, by name and type of trainee)
7. IRB or IACUC training approval: if the project you select will involve research with human subjects or animals, a copy of the appropriate IRB or IACUC approval or proof that you are undergoing appropriate training **must be included** with the application materials

Questions? Call Jackie at 934-0579.