

## MEDICAL STUDENT RESEARCH FELLOWSHIP APPLICATION

MEDICAL STUDENT RESEARCH FELLO	WYSHIF A	<u> </u>	<u>SAII</u>	JIN		
Name:			Are you from a disadvantaged background?			
LOCAL ADDRESS:			Do you have a disability?  ☐ YES ☐ NO ☐ DO NOT WISH TO PROVIDE			
			If yes, which of the following categories describe your disability?  ☐ HEARING ☐ MOBILITY/ORTHOPEDIC IMPAIRMENT ☐ VISUAL ☐ OTHER			
HOME PHONE NO.			CELL No.:			
E-MAIL:			CLASS:			
SSN:			SID No.:			
DATE / PLACE OF BIRTH:			SEX: ☐ MALE ☐ FEMALE			
□ American Indian or Alaska Native (American Indian Tribal affiliation						
INSTITUTION, DEPARTMENT AND LOCATION (Begin with most recent)	DEGREE(S) REC Degree Mo. &			MAJOR FIELD	MINOR FIELD	
A. Title of Proposed Research:  B. Faculty Mentor (Title, Department, PO Box, Phone #)  C. Previous Research Experience  D. Current Career Goals  E. Proposal: (3 pages)  □ 1. Background (2-3 paragraphs)  □ 2. Hypothesis (1 paragraph)  □ 3. Specific Aims (1 paragraph)  □ 4. Methods and Material (2-3 paragraphs)  □ 5. Plan for Data Analysis (1-2 paragraphs)  □ 6. References (5-10 citations)  F Approval from IACUC (Animal Care) (mentor protocol #) − if applicable - Approval/Exemption from Human Subjects Committee (mentor) − if applicable - CITI training test results (student) − if applicable		LL AS S	Please return completed application and all supportive materials to: Grace S. Wagner, Program Coordinator Sr. Medical Student Research Program University of Arizona College of Medicine 1451 N. Warren (Comstock Building), Room 4 P.O. Box 245200 Tucson, Arizona 85724-5200 Phone: 626-6360 E-mail: grace@surgery.arizona.edu  Requested Period of Support:/ to/ Start Date End Date			
<ul> <li>Animal Care test results (student) – if applicable</li> <li>Other grant/departmental sources of student support</li> </ul>			(minimum 2 month period; maximum 3 month - vacation only)  earch Project Subcode (see subcode listing)			
H. Letter of support from faculty sponsor		Kesear	cn Proje	ect Subcode (	see subcode listing)	
Certification of satisfactory academic standing** *Obtain from College of Medicine Student Records Office; Incomi	ing 1st year - ob	otain froi	m Admis.	sions		