

MEDICAL SCHOLARS PROGRAM APPLICATION FORM

STUDENT INFORMATION

Name:

Date of birth:

Cell Phone Number:

Current address:

City:

State:

ZIP Code:

School Email:

Alternate Email:

EDUCATION BACKGROUND

Please list the colleges/universities you have attended prior to matriculating at the AU/UGA Medical Partnership.

School Name:

Major:

Degree:

Graduation Date:

School Name:

Major:

Degree:

Graduation Date:

MENTOR INFORMATION

Name (title, first, last, suffix):

Department:

Institution / Organization:

City:

State:

ZIP Code:

Mentor Email:

Mentor Phone Number:

Work will be performed: In person Remotely

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RESEARCH PLAN INFORMATION

(Attach a separate sheet)

PROJECT TITLE:

PROJECT AIMS

Briefly state Project Specific Aims: *(Maximum of 250 words)*

PROJECT BACKGROUND & SIGNIFICANCE

Summarize previous studies in the field and describe how additional studies, including your proposed work, would add knowledge to the field. *(Maximum of 500 words)*

RESEARCH METHODS & DESIGN

Outline exactly what you propose to do during the summer with some brief experimental details. *(Maximum of 500 words.)*

RELEVANCE OF RESEARCH TO MEDICINE

Summarize how this research is/will be relevant to medicine. *(Maximum of 250 words.)*

GOALS

Please discuss what you hope to learn from participation in the Medical Scholars Program and how your participation will benefit you in meeting your future education and career goals. *(Maximum of 250 words.)*

SELECTIVE REFERENCES

Enter up to 10 references below. List journal articles that are referenced in the research proposal/application – i.e., the published work that supports the ideas/approach of proposed work.

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EXPERIENCE

Have you had any previous research experience(s)? Yes No

Advisor Signature

[By signing, I indicate my approval and certify that this proposal represents the student's project specifically NOT the broader scope of my research]