



MEDICAL SCHOLARS PROGRAM

Athens, Georgia

APPLICATION PROCESS

Once you have chosen a mentor, you should discuss with your mentor an achievable research goal that can be addressed during the program's ten week time period. It is critical that you undertake a research problem that enables you to develop a sense of "personal ownership and commitment" and make a meaningful, intellectual contribution. It is not necessary that the research problem or idea originate with you; the best projects for students are those that fit into the mentor's ongoing funded research efforts.

Research questions that use human subjects, or human-derived materials, including charts and human specimens, must be part of an active program already approved by the Human Assurance Committee. **No new proposal with human subjects will be accepted – no exceptions.**

After identifying a specific problem and feasible course of study, you, with the help of your mentor, need to craft and submit a brief research proposal describing your research plan.

The **MSP Student and Mentor Application Forms**, which are common to all applicants, are available on D2L.

MSP STUDENT APPLICATION FORM

Please complete the fillable PDF application form found on D2L and submit it by email to Dr. Leslie Petch Lee (lpetch@uga.edu) or drop it off at the Curriculum Office, Winnie Davis Hall, Room 106. The application form contains essay questions that need to be printed on a separate page(s) and emailed with the application. For questions or concerns, please contact Dr. Lee.

MSP STUDENT & MENTOR APPLICATION FORM

STUDENT INFORMATION

Name:

Date of birth:

Cell Phone Number:

Current address:

City:

State:

ZIP Code:

School Email:

Alternate Email:

CITIZENSHIP

If not a US citizen, of what country are you a citizen?:

If you have a permanent resident alien ("green card"), please provide the number on the card:

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:

Mentor Email:

Mentor Phone Number:

Location where work will be performed:

MSP STUDENT & MENTOR APPLICATION FORM

RESEARCH PLAN INFORMATION

PROJECT TITLE:

PROJECT AIMS

Briefly state Project Specific Aims: *(Attach a separate sheet. 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. *(Attach separate sheet. Maximum of 500 words.)*

RESEARCH METHODS & DESIGN

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

RELEVANCE OF RESEARCH TO MEDICINE

Summarize how this research is/will be relevant to medicine. *(Attach a separate sheet. 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. *(Attach a separate sheet. 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.

EXPERIENCE

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

Save this form before you submit it.