

School of Medicine Office of Research

Summer Research Fellowship

2009 Application

1. Name (please print) _____
2. Local address _____
3. Local phone number _____
4. email Address _____
5. Permanent address _____
6. Undergraduate institution _____
 - a) Location _____
 - b) Field of study _____
 - c) Date of baccalaureate degree _____
7. Graduate or Professional institution _____
 - a) Location _____
 - b) Field of study _____
 - c) Degree _____
 - d) Date of degree _____
8. Enrollment date University of Missouri School of Medicine _____
9. Are you currently enrolled as
 - a) Conley Scholar? YES NO
 - b) Bryant Scholar? YES NO
10. Project title _____
11. Project beginning and ending dates (DO NOT leave blank) _____ to _____
12. Name of faculty sponsor _____
13. Faculty sponsor's department _____
14. IRB Approval needed? YES NO If yes, IRB number _____
Faculty Sponsor confirmation _____
15. IACUC Approval needed? YES NO If yes, IACUC number _____
Faculty Sponsor confirmation _____

16. Please provide the following information which should NOT be a reiteration of the mentor's research description:

- a) concise background and significance of the proposed project
- b) the hypothesis tested by the project
- c) specific aims of the research proposal
- d) the role of the student/trainee in the project

By signing this application, the student and sponsor agree to ensure that the fellowship recipient will present a poster during Health Sciences Research Day in November, 2009 (date to be announced).

By signing this form, the faculty sponsor is making a commitment to support \$1,000 of the \$2,100 research fellowship. A MO Code for this match will be required prior to the release of funds from the Dean's Office.

Student Name (please print) _____

Student signature _____

Faculty sponsor name (please print) _____

Faculty sponsor signature _____

Please return the completed form to:

Christy Old
School of Medicine
Office of Medical Education
(573) 882-2921
OldCL@health.missouri.edu