

APPLICATION FORM

RII-sponsored Campuswide Undergraduate Student-initiated Original Research Program Application deadline September 25, 2023

TYPE OR PRINT LEGIBLY IN BLACK INK (Please complete ALL blanks).

NAME (FIRST, MIDDLE, LAST):	STUDENT ID#
E-MAIL (PLEASE PRINT)	CELL PHONE
AFFILIATED COLLEGE/MAJOR	LEVEL/CLASS YEAR

A. CAREER GOALS:

B. PREVIOUS RESEARCH PROJECTS (list only title/mentor/year):

C. ORIGINAL RESEARCH QUESTION FOR YOUR PROPOSAL:

D. PROJECT PROPOSAL - 3 PAGE LIMIT TO INCLUDE:

- ☐ 1. Background/Rationale
- ☐ 2. Materials and Methods
- ☐ 3. Analysis
- ☐ 4. Expected outcomes/deliverables
- ☐ 5. Significance
- ☐ 6. Timeline with Milestones

E. BUDGET (both \$1000 and \$1500 limit):

Categories - stipend/salary, travel, supplies, equipment, other

Mentor (Name, affiliation):

I agree to mentor this student through the duration of this student-generated original project:

Signed :

Student agreement:

I agree to present at the Spring 2024 Forum and participate in the program's Questionarium activity:

Signed :

SUBMIT APPLICATION TO:

Grace S. Wagner, Program Manager

Medical Student Research Program

University of Arizona College of Medicine

P.O. Box 245200, Room 4402K

Tucson, Arizona 85724-5200

E-mail: grace@surgery.arizona.edu