**MEDICAL STUDENT SUMMER RESEARCH PROGRAM**

**“INTENT TO SUBMIT AN APPLICATION” FORM**

**Students and preceptors who intend to apply for a Medical Student Summer Research Fellowship must complete and return this form electronically in MS Word format to:**

**Chamia Gary,** **cgary@mcw.edu** **(Phone: 414-955-2522) by December 20, 2017. This form will be regarded as a signed document upon electronic submission.**

**Only U.S. citizens or permanent residents are eligible to receive federal funding. Only Medical College of Wisconsin medical students are eligible to apply. Complete all fields.**

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| Letter of Intent Date Submitted: | Office Only: Rec’d date: |
| Student’s Name: | Student Year: |
| Student’s Milwaukee Address: |
| Student Telephone: | Student’s MCW Email: |
| Preceptor’s Name: | Preceptor’s Dept/Div: |
| Preceptor’s Telephone: | Preceptor’s Email: |
| Dept/Div Administrator: |
| Administrator’s Telephone: | Administrator’s Email: |
| Title of Research Study: |
| **🖈**IRB/IAUA Approval Number:  | **🖈** Approval Date: | **🖈** Is the IRB pending?YES\_\_\_\_ NO \_\_\_\_\_ |
| **🖈IMPORTANT! Students may only work on research investigations that have been granted IRB/IACUC approval, if applicable, or have been deemed Exempt. All approvals must be in place prior to the training start date. If the approval remains pending past the appointment start date, the student’s training appointment and stipend will be delayed until the approval is received.** |
| Preceptor’s research investigation is funded by: \_\_\_\_NHLBI \_\_\_\_NIA \_\_\_\_ NIDDK \_\_\_\_ NCI \_\_\_\_\_Other NIH (Specify) \_\_\_\_ MCW \_\_\_\_ Other (Specify) |
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| Integration with Scholarly Pathway: This summer research project \_\_\_\_\_WILL \_\_\_\_\_WILL NOT be extended into the non-core time of the student’s Scholarly Pathway.  |
| If the project will be extended, please indicate:\_\_\_\_\_ Non-core time prior to summer research \_\_\_\_\_ Non-core time post summer research | Name of Pathway mentor, if different than the summer research preceptor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student’s Scholarly Pathway: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**MEDICAL STUDENT SUMMER RESEARCH PROGRAM**

**GENERAL APPLICATION FORM**

**TO BE COMPLETED BY STUDENT AND PRECEPTOR**

**Submit the general application and your research proposal (pages 2 & 3)**

**electronically in MS Word format by February 1, 2018, to: Chamia Gary,**

**Clinical & Translational Science Institute,** **cgary@mcw.edu** **(Phone: 414-955-2522).**

This form constitutes a signed document upon submission. Only MCW students in good academic standing are eligible to apply. Only U.S. citizens or permanent residents are eligible to receive federal funding.

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| Application Date: | Office Only: Rec’d date: |
| Student’s Name: | Student’s Year & Grad. Date: |
| Student’s Telephone: | Student’s Email: |
| Student’s Street Address: | City: | State: | Zip: | Citizenship (Country): |
| Undergrad Institution: | Years attended: YYYY/YYYY |
| Degree Earned:  | Year: | Major: | Advanced Degree/Year Earned: |
| Prior Research Experience:  | Academic: | Research Focus: | Professional: | Research Focus: |
| No. Semesters: | No. Years |
| Please indicate whether you are or have been previously employed by MCW in some capacity (e.g. tutor, lab assistant, undergrad summer participant, etc.) \_\_\_\_\_ YES \_\_\_\_\_ NO |
| Indicate the desired number of training weeks. Note: The actual weeks funded will correspond to the number of weeks of funding that are available through the various program resources.8 WEEKS \_\_\_\_\_ 10 WEEKS \_\_\_\_\_ 11 WEEKS \_\_\_\_\_ |
| Integration with Scholarly Pathway: This summer research project \_\_\_\_\_WILL \_\_\_\_\_WILL NOT be extended into the non-core time of the student’s Scholarly Pathway. |
| Preceptor’s Name, Rank, Title and Department/Division: |
| Preceptor ‘s Telephone: | Preceptor’s Email: |
| Department Administrator: | Administrator’s Email: |
| Title of Student’s Research Project: |
| Federal regulations require that all research involving the use of any of the following: human subjects, animals, radioisotopes, toxic chemicals, pathogens, carcinogens, and recombinant DNA must undergo review and approval at the Medical College of Wisconsin. IRB approvals from MCW, Children’s Hospital, Froedtert or VA all are acceptable for the purposes of this program. All approvals must be in place prior to the training start date. If the approval remains pending past the appointment start date, the student’s training appointment and stipend may be delayed. |
| Title of study as shown on IRB: |
| Role of Preceptor on the study if not PI: |
| For Human Subject Studies: HRPP-IRB Approval #: | HRPP-IRB Approval Date: |
| For Studies Involving Animals: AUA Approval #: | AUA Approval Date: |
| This study is exempt from IRB: YES \_\_\_\_\_ NO \_\_\_\_\_ | IRB for this study is pending: YES \_\_\_\_\_ NO \_\_\_\_\_\_ |
| Preceptor’s Research is funded by: \_\_\_\_NHLBI \_\_\_\_NIA \_\_\_\_NIDDK \_\_\_\_ NCI \_\_\_\_ Other NIH (Specify) \_\_\_\_ MCW \_\_\_\_\_\_\_ Other (Specify) |
| Approximate stage of development of the study and relationship to on-going studies: |
| Anticipated role of the student and extent of interaction with the preceptor and other team members: |
| Extent of opportunities for student to be involved in departmental activities: |
| Student’s potential for publicationas 1st or 2nd author: | Student’s potential for presentationat a national meeting: |
| Are department funds available to support the student’s stipend (approx. $450 per week), in the event he or she does not receive a grant award? |
| **Student Statement of Agreement:** By submitting this form electronically, I agree to accept the fellowship if awarded to me and to honor all commitments required in the Medical Student Summer Research Program. I will notify the Office of Academic Affairs immediately, if I am unable to fulfill these commitments. |
| **Faculty Preceptor Statement of Agreement:** By submitting this form electronically, I agree to have the afore named student work in my laboratory during summer 2017. I will inform the Office of Academic Affairs of any changes to these plans. |

**RESEARCH PROPOSAL**

**The research proposal must be submitted with the above application by February 1, 2017 (5 p.m.) in order to be considered for funding.**

1. **Personal Statement (1-page maximum):** Please explain why you are interested in pursuing a summer research fellowship and the role of this research experience in your career goals.Discuss how the summer research experience will complement past research experiences, if any.
2. **Research Plan (3-page maximum):** The proposal should be written by the student with the mentor providing detail and supervision. The total plan should not exceed 3 pages including references. Include the following sections in the order as indicated below:
3. **Title**
4. **Hypothesis & Specific Aims**
5. **Background & Significance**
6. **Methods (experimental protocol, materials and methods, statistical analysis)**
7. **References**
8. **Role of the student (1/2-page maximum).** The student’s role in the research is extremely important and will weigh heavily in award decisions. The student’s involvement in the project should be clearly described, including the responsibilities and tasks that the student will actively perform. This description should clearly state what the student will do in the laboratory/research environment over the duration of the training.