

Application for Summer Research Stipend

Student Name: _____ Date: _____

Faculty member/resident with whom research will be conducted: _____

Title of Research Project: _____

Brief Description of Research Project:

Student's role in this project will be

Signatures below indicate that an understanding has been reached that the student will complete at least 20 hours per week for a period of six weeks. The student agrees to submit a paper describing the work that was conducted (to include the nature and extent of their role) and certifies that they are currently not involved in research for which they are otherwise receiving funding. A completed research project in six weeks is not expected.

Student Name (please print)

Student Signature

Date

Faculty/Resident Name
Please print

Faculty/Resident Signature

Date

Office Use Only

Date received: _____

Date Reviewed: _____

Approved _____ Declined _____

Todd W. Gress, MD, MPH