

# WAYNE STATE UNIVERSITY

---

## SCHOOL OF MEDICINE

### Medical Student Summer Research Fellowship Award Agreement

Upon acceptance of an award to support the student's research stipend, we agree to the following:

1. The student's effort on the project will be \_\_\_ weeks. (8 -1 0 weeks required for full fellowship stipend; < 8 weeks will be prorated).
2. Supervision by the Research Sponsor will be provided in measure which insures the successful completion of the project.
3. The student will submit a report at the end of the summer summarizing the progress on the research project.
4. The student will be strongly encouraged to present an oral or poster presentation at the Medical Student Research Symposium in the Winter term on their research project.

**Student's signature** \_\_\_\_\_

**Email** \_\_\_\_\_ **phone #** \_\_\_\_\_

**Research Sponsor's signature** \_\_\_\_\_

**Email** \_\_\_\_\_ **office phone #** \_\_\_\_\_

**Lab/Research Address:** \_\_\_\_\_ **phone #** \_\_\_\_\_