## NEW YORK MEDICAL COLLEGE

## **MEDICAL STUDENT RESEARCH APPLICATION**

STUDENT NAME:		ID #:	
DATE APPLICATION:	RESEARCH START DATE:	RESEARCH	I END DATE:
PROPOSAL TITLE:			
RESEARCH MENTOR:			
DEPARTMENT:		Voluntary  ACADEMIC YEA	Credit Bearing R:
SITE:		3rd year	4th year
		Area of Concentrat	tion (List name below)
Research Question: Be specific, e.g. "Does the degree of hypocalcemia in premenopausal women correlate with bone density?"			
<b>Description of Project:</b> Summarize background and importance, research protocol, and IRB-approval status (if applicable)			
Schedule of Research & Your Specific Role: Indicate activities planned during an average week (e.g. lab, library, conference, chart review) and time commitment for each			
What is/are the expected research product(s)? When will it/they be produced? e.g. Meeting abstract, poster, manuscript and deadline(s) or expected due date(s)			
ACKNOWLEDGEMENTS:  Ó Áṣ ããæḥ[ð̞ * Áṣ^ [¸ Éắc@ Ár č å^} ơÁṣṇ å Á; ^} ḍ ¦ Áṣæ&\}[¸  ^å* ^ Ás@ænÁs@^ Á@æṣ^Á; ^ơÁṣṇ å Áṣセ' ¦^^Áṭ Ás@Á, ¦[] [•^å Á^•^æð&@Ãáāṭ ^+æṭ ^Êæ; å Ár¢] ^&c^å Á; č&[{ ^•È			
Student INITIALS: Date	EXPECTED GRADUA	ATION YEAR:	
Research Mentor INITIALS:	Date: Mentor El	MAIL:	
PLEASE EMAIL COMPLETED FORM TO THE DIRECTOR, MEDICAL STUDENT RESEARCH (msr@nymc.edu)			
Director INITIALS: D	Pate:		
Comments:			