

Medical Student Research Productivity Report

Please complete and return this form to Bianca McArrell at research.education@osumc.edu or mail to 333 West 10th Avenue, 1068 Graves Hall, Columbus, OH 43201

Medical Student Name:

Mentor:

Period of funding:

List all student research presentations related to the project

List all student publications (published, in press or submitted) related to the project (authors, title, journal, vol, year, pages)

Medical Student Plans to continue research project or pursue new research opportunities if applicable.
(1 paragraph)

Are you interested in continuing your research project by taking a funded leave of absence (LOA) to continue this work?

Yes _____ ; No _____