

# Student Application for Medical Student Research Scholarship PHASE I Cover Page

Student Name: \_\_\_\_\_

Mentor Name: \_\_\_\_\_

Title of Proposed Research: \_\_\_\_\_

<b>PHASE I CHECKLIST</b>	
	1. MEDICAL STUDENT RESEARCH APPLICATION COVER PAGE
	2. IRB/IACUC PROTOCOL APPROVALS
	3. SIGNED STUDENT COMPACT
	4. SIGNED MENTOR COMPACT
	5. CATEGORIZATION OF RESEARCH PROPOSAL (completed online)

\_\_\_\_\_  
**FACULTY RESEARCH MENTOR SIGNATURE/DATE**

\_\_\_\_\_  
**ASSOCIATE DEAN APPROVAL for LEAVE OF ABSENCE SIGNATURE/DATE**  
**(Only if applicable)**

AGREEMENT: If awarded this Research Scholarship, I understand that I am obligated to attend the MDSR Annual Kickoff, submit a midpoint check in, submit a final report, present a poster at the Annual Medical Student Research Symposium and submit a final evaluation as outlined in this application packet. The final report will become property of The Ohio State University College of Medicine and the Medical Student Research Office. Failure to submit this report and make a poster presentation can lead to possible repayment of awarded funds.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**