

**YALE UNIVERSITY SCHOOL OF MEDICINE
OFFICE OF STUDENT RESEARCH
APPLICATION FOR SHORT-TERM RESEARCH TRAINING
(Please Type or Print clearly and Complete A - H)**

ALL REQUESTED INFORMATION MUST BE COMPLETED

(Circle One)

A. Applicant Information

Date of Application: _____

Name: _____

Mailing Address: _____

Expected Date of Graduation: _____

Phone #: _____

Student Signature _____

(By signing above I acknowledge that I will take NO electives, clerkships, or vacations, during this research period and that the time is for active research and not writing of the thesis.)

C. Period of Full-Time Research

Month/Day/Year

*Research to Begin (date) _____

*Research to End (date) _____

Retroactive funding is not available.

Funding is competitive and will be awarded based on the number of applications and funds available.

*Duration of Research Period is Minimum of One (1) Month, Maximum of Three (3) Months. If interrupted by vacation, please give specific dates.

Location Where Work is to be performed:
Dept., Institution, City, State) _____

B. Previous Research Funding at Yale?

Yes / No

If Yes, Answer All of the Following:

Summer Research Stipends: Yrs/Amt _____

Previous NRSA Support: Yrs/Amt _____
(National Research Service Award)

One Year Student Research Fellowship:
Source (AHA, HHMI) Yrs/Amt _____

Other Research Support: Yrs/Amt _____
List Source of Other Research Support: _____

NOTE: All previously funded research support must have a Progress Report on file in the Office of Student Research prior to any additional funding.

D. Signatures Needed: (Note: Faculty sponsor signature indicates that student will perform full-time research during the time period indicated in "C" and that the faculty member approves of the description of project given in "H" and will provide necessary space, facilities and support for the work. If the student is working with animals or human subjects, the faculty member will provide to the Office of Student Research within the first month of funding the appropriate protocol numbers for the student (HIC and/or animal care) or funding may be in jeopardy. Department Thesis Chair signature indicates that the project meets accepted standards of research.

Faculty Sponsor (type/print name)

Signature of Faculty Sponsor Date

Department Thesis Chair (type/print name)

Signature of Dept. Thesis Chair Date

E. Title of Research Proposal: _____

F. Project is: (1) New (2) Continuation of Previous Work (3) Other (Explain on Reverse)

G. Faculty Sponsor: Name _____ Univ. Address _____
Department _____ Phone _____
Faculty Rank _____ E-mail _____

H. Description of Project: Attach to this application a typed statement, not exceeding four (4) pages or 2000 words, stating briefly the following items using exactly these headings: a) background of problem you will investigate; b) the hypothesis you will examine; c) the specific aims of the study; d) the methods you will use; e) address potential limitations and problems and how they will be dealt with; f) selected references from mentor; g) selected references from others; If the project is a continuation of previous work, indicate a) thru g) then h and i. h) details of specific studies/experiments completed; i) details on studies/experiments to be done. After the approval and signature of the faculty sponsor and department chair, the student is responsible for getting this application to the Office of Student Research (OSR) by the deadline published on the OSR website <http://medicine.yale.edu/education/osr/index.aspx>