

USE ONLY FOR FIRST TIME SUMMER RESEARCH SUPPORT

FIRST YEAR SUMMER APPLICATION FOR STUDENT FELLOWSHIP

YALE UNIVERSITY SCHOOL OF MEDICINE

SUMMER OF 2020

DEADLINE: APRIL 17, 2020 DEPARTMENT THESIS CHAIR

DEADLINE: MAY 1, 2020 OFFICE OF STUDENT RESEARCH

NAME _____ CLASS OF _____

EMAIL ADDRESS _____ TELEPHONE _____

CURRENT HOME ADDRESS _____

BRIEF TITLE OF RESEARCH _____

Research to begin _____ (month/day/year) Research to end _____ (month/day/year)

Location where work will be performed _____
City and State Department Room #

List any additional sources of funding for summer research _____

FOLLOW INSTRUCTIONS ACCURATELY:

Attach to this application a typed statement, not exceeding four (4) pages or 2500 words, **using the following headings**, stating briefly: **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, including details of the specific design of the study; **e)** selected references from sponsor's work, and **f)** selected references from others. **Review the application with your faculty sponsor**, obtain his/her approval (by signature) and then approval by signature of the thesis chairperson of the department and attach the statement to this application. This individual will review the study design and feasibility of the proposed work.

I understand that the stipend is \$6,204 and, if I receive this summer fellowship, it will be paid in bi-monthly installments beginning in June. Please initial the following 5 items in this agreement:

- To receive the full stipend I am expected to work approximately 40 hours per week for 10-12 weeks. ____
- I will have no other major responsibilities or time commitments during the research period. ____
- I understand that I must submit a written report of my summer research experience no later than October 2, 2020 ____
- I understand that this stipend is for work performed under the direct supervision of a Yale faculty member at Yale University or at a pre-approved off-campus site. ____

Summer research at another institution only

I plan to conduct research at another institution, and accept responsibility for arranging full or partial funding from that institution.

For any questions about this agreement please contact Donna Carranzo at (203) 785-6633.

Student's Signature Date

FACULTY SPONSOR AGREEMENT

I have examined and approved the application, hypothesis, study design and experimental protocol. If the student is awarded the fellowship, I will provide the necessary space, resources, equipment, supplies and facilities and will supervise the experimental work. If the student is working with animals or human subjects, I will provide to the Office of Student Research within the first week of funding the appropriate protocol numbers for the student (HIC and/or animal care) or funding may be in jeopardy. If the student requires EPIC access to do research, I will get the student access to EPIC by filling out the proper forms available through the Office of Student Research (785-6633) to be submitted to YNHH Health Information Management.

Faculty Sponsor (**print**) Faculty Sponsor Signature Date

DEPARTMENTAL THESIS CHAIRPERSON APPROVAL

I have reviewed and approved the hypothesis, study design, and feasibility of the proposed work under the faculty mentor's supervision.

Department Thesis Chairperson (**print**) Department Thesis Chairperson Signature Date