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.)

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.

C. Period of Full-Time Research
Month/Day/Year

*Research to Begin (date) _____

*Research to End (date) _____

*Duration of Research Period is Minimum of One (l) 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) _____

_____

_____

D. Signatures Needed: (**Note**: Faculty 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.

_____
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: (l) 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 three (3) pages or 1000 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) selected references from sponsor's work, and f) selected references from others. If the project is a continuation of previous work, indicate a) thru f) then g) specific studies/experiments completed and h) studies/experiments to be done.