



YALE UNIVERSITY SCHOOL OF MEDICINE OFFICE OF STUDENT RESEARCH

Students must complete this form for each period of support.

PART A

Name : _____

Support Received:
Summer Stipend _____
Short-Term Support _____

Year of Graduation: _____

Dates of research support (be inclusive): _____ to _____

Faculty Advisor's Name : _____

Department: _____

Type of project:

- Humanities Public Health Clinical Basic Science Ethics History Other

PART B

Please answer the following questions using a 0-5 scale (if not applicable, list N/A):

1. Please rate the value of this particular research experience in terms of:

| | <u>NONE</u> | | <u>MODERATE</u> | | | <u>HIGH</u> | |
|--|-------------|---|-----------------|---|---|-------------|--|
| a) Training in research techniques and methods | 0 | 1 | 2 | 3 | 4 | 5 | |
| b) Review of scientific literature | 0 | 1 | 2 | 3 | 4 | 5 | |
| c) Potential contribution to your M.D. thesis | 0 | 1 | 2 | 3 | 4 | 5 | |
| d) Overall experience | 0 | 1 | 2 | 3 | 4 | 5 | |

2. Do you plan to continue with this research project in your remaining time in Medical School?

Yes Uncertain No

3. Do you expect to use this work as a portion of your Yale Medical Student Thesis?

Yes Uncertain No

4. Please rate the overall quality of the

| | <u>LOW</u> | | <u>MODERATE</u> | | | <u>HIGH</u> | |
|--|------------|---|-----------------|---|---|-------------|--|
| a) Training environment of this experience | 0 | 1 | 2 | 3 | 4 | 5 | |
| a) Faculty sponsor's contributions | 0 | 1 | 2 | 3 | 4 | 5 | |
| a) Other laboratory or/group workers | 0 | 1 | 2 | 3 | 4 | 5 | |

5. Other comments:

NAME: _____

PART C

On this page, please summarize your research experience in this period of support in one or two paragraphs. Type single space. Briefly state specific aims of the project, a summary of methods employed and major results obtained, if any. If none, state so. Indicate briefly your future plans, if any, with this work.

