

KECK SCHOOL OF MEDICINE

University of Southern California

Summer Research Fellowship Application

Due Date: Friday, March 13, 2009 (NO EXCEPTIONS)

Part One – Identifying Information

1. TYPE OF PROJECT (Please select one)

Domestic

Research

Clinical

International

Research

Clinical

2. TITLE OF GRANT/ PROJECT

3. APPLICANT IDENTIFICATION

Name: (Last, first, middle)

Degree(s):

Year:

Student I.D.:

Discipline Interest:

Mailing Address:

Email Address:

Telephone:

Fax:

4. KECK SCHOOL OF MEDICINE (KSOM) OR U.S. DOMESTIC MENTOR

Name: (Last, first, middle)

Degree(s):

(For international travel requests, both a KSOM and foreign mentor needed.)

Position Title:

Institution/Department:

Mailing Address:

Email Address:

Telephone:

Fax:

5. DATES OF PROPOSED PERIOD OF SUPPORT

From:

Through:

6. COSTS REQUIRED

Airfare:

Lodging:

Meals:

Program Costs or Other Expenses:

Total:

Part Two – Project Description

PROJECT DESCRIPTION (SUMMARY):

(Project location/institution; describe your role in the project; reason for applying; reason for choosing location; etc. This section should not exceed this single page.)

Part Three – Institutional Review Board (IRB)

Approval by sponsor must be obtained in order to assure the committee that he/she will be able to supervise your project and provide working accommodations. **Approval by the University's Institutional Review Board (IRB) for studies involving Human Subjects must be obtained. The iStar on-line application is available at <http://www.usc.edu/admin/provost/oprs/hsirb/>. Faculty sponsors may have already received IRB approval; protocol number should be listed below. If IRB approval has not been received, this must be done prior to the start of the project if awarded. Projects involving human subjects IRB approval, also require verification of CITI (human subjects education program).**

Human Subject Research # _____

Sponsor's Signature _____ Date _____

Full name of Sponsor (type or print) _____

Location of Sponsor _____ Telephone # _____

Part Four – KSOM or U.S. Domestic Mentor

Please provide a brief statement of the student's role in the proposed research project:

Mentor Name (Signature) _____ Date _____

Address _____

Telephone # _____ Department _____

Email: _____

Signature _____
(e-signature acceptable)

____ I am interested in serving as a mentor for future medical students.

Part Five – Required Supplemental Materials

INCLUDE ALSO:

- A. Copy of applicant's curriculum vitae.
- B. Form below completed by foreign host mentor/institution OR one letter of support/involvement/recommendation (this can be in the form of e-mail) from the foreign host mentor/institution.

Foreign Host Verification

(To be completed by foreign host/mentor/program director)

Name of Institution: _____

Full Name of Sponsor/Mentor: _____ Degree(s): _____

Position Title: _____ Department: _____

Mailing Address: _____

E-mail Address: _____

Telephone: _____ Fax: _____

Is there a formal program designed for the education of our student?

Yes No

Have you covered with the student topics of safety and immunizations?

Yes No

Thank you for your approval and sponsorship of this student.

Signature of Sponsor

Part Six – Checklist

- Application – Part One
- Application - Part Two
- Application - Part Three
- Application - Part Four
- Application - Part Five
- IRB Approval or iStar Application
- CITI Verification
- Applicant CV