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| **MD with Distinction in Research Mentoring Plan** *(to be completed by the mentor)* | | |
| **Mentor’s Name &**  **Department** |  | |
| *Are you a faculty member at the UT Health Science Center at San Antonio?* | *UTHSCSA e-mail address* |
| * Yes * No |  |
| **Your Expectations** | *What do you expect the student to accomplish during their time working with you? Do you understand that MD with Distinction in Research students are expected to produce capstone presentation and conduct at least 250 hours of research?* | |
|  | |
| **Your Resources** | *What training and research experiences will you provide for the student? What other resources will you make available for the student? How will you develop this student as an independent researcher?* | |
|  | |
| **Supervision** | *Do you agree to meet regularly with this student?* | *Are there others on your research team who will also supervise the student’s work? If yes, please explain.* |
| * Yes | * Yes * No |
| **Evaluation** | *We expect the mentor to write a Letter of Recommendation for their student. Do you agree to write this letter?* | |
| * Yes | |
| **Mentor’s Signature** | *I agree to serve as this student’s mentor as they pursue the MD with Distinction in Research.* | |
| **Student’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Mentor’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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