

# MEETING REQUEST FORM

*We appreciate your interest in exploring research opportunities. Complete this form to help us better understand how we can assist you.*

## Personal information

Name

Date

Email

MS Year

What is your research experience?

What are your research goals during medical school?

What type of research are you most interested in?

Are you currently involved in research at the LSOM , and if so, who is your mentor?

Have you reached out to faculty members, if so, what was the result?

What other items would you like to address?