

# INTD 4210, 4211, & 4212 Project Summary Form



UT Health  
San Antonio

Office for Research  
Long School of Medicine

## Student Information

Student's Name

Mentor's Name

Course Number:

Block Number

## Project Information

Project Title:

Preliminary Work:

- If this is an ongoing project, briefly describe the work you have completed to date
- If this is the start of a new project, then indicate by typing, "NA"

Project Summary:

- Concisely state the goals of the proposed research and summarize the expected outcome(s)
- Include what impact the proposed research will have on the field

Project Timeline:

Week 1

Week 2

Week 3

Week 4

# Application for INTD 4210, 4211, & 4212

I certify that I have worked with my mentor to develop a research project as outlined in the application uploaded and that the information contained within the application is mine. I understand that I must submit my own application and progress report and hours log (if approved for the elective) even if I am working on a collaborative project with other medical students. If approved, I agree to complete the requirements necessary for successfully passing the Medical Student Research Elective, including submitting my Research Reflective Statement and Hour Log.

**Student Signature**

**Date**

- The following is to be completed by the research mentor

**Expectations: What do you expect the student to accomplish during the elective?**

Due to the brief duration of this elective, your active engagement is extremely important. Do you agree to meet with the student at least weekly?

☐ YES

☐ NO

I agree to provide research mentorship to this student during their research elective and approve of the above Research Plan Summary.

**Research Mentor's Signature**

**Date**



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