

INTD 4210, 4211, & 4212

Project Summary Form



Office for Research
Long School of Medicine

Student Information

Student's Name:

Course Number:

Mentor's Name:

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



UT Health
San Antonio

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