

Stony Brook University School of Medicine

Application for the MD with Recognition in Research Program

Student's Name _____

Today's Date _____ Class Year _____

I. Title of Proposal:

II. Faculty Advisor: (Please Print)

III. Proposal: Describe on an attached sheet (not to exceed 500 words; additional appendices or other materials may be included as well). Be certain to specify hypothesis, methodology, means of data collection and analysis and no more than a sentence or two on background and/or rationale.

IV. Reasons for entering the MD with Recognition Program:

V. Previous research experience (not required to have had any):

VI. Tentative career goals:

VII. Special Needs (equipment, computer program, etc.):

Student Signature _____

To be completed by faculty advisor

I _____ (printed name), approve and understand that I am obligated to support the project, verify time spent, and to be certain that the student has appropriate training, as prescribed by the University, **HIPAA**, in Right to Know, Use of Human Subjects (**CORIHS**), **Animal Use, and Use of Radioactive Substances as appropriate. I agree to be present (or to send a suitable surrogate) at the annual poster session/Research Day in early May of this student's 4th year.**

Signature _____

Date _____