MEDICAL STUDENT SUMMER 2018 RESEARCH FELLOWSHIP APPLICATION

Please carefully read the Application Instructions and Eligibility Requirements before completing this application. Complete this form, print and sign it before sending it to the Tufts University School of Medicine Office of Student Affairs.

The following items should be attached to this application:

1) Application Form. Please complete the application form. Email to med-os@tufts.edu, drop off or mail your application form and all other application materials to:

Tufts University School of Medicine
Office of Student Affairs
145 Harrison Ave., Sackler 4
Boston, MA 02111

2) Statement. (3 pages maximum – This does not include the letter from the faculty mentor)

I. If you have had previous research experience, please describe it. Include the answers to the following questions…Where did you work? Who was your mentor? What was the purpose of the project? What methods did you use? What were the results? List any publications that resulted from this work.

II. Description of proposed research: Provide a detailed description of the proposed research. The statement should include a description of the problem, specific objectives of this research, methodology proposed and references to the scientific literature. The student statement must explain your role and must discuss your contribution to the conception of the research project. The proposal will be evaluated according to the following:

- Statement of problem
- Quality of the science proposed including appropriate controls
- Feasibility of proposed research, given there is only an 8-10 week period of time
- Appropriateness of proposed research for training
- This should take the form of a grant proposal with 4 sections: hypothesis & specific aims of the project, preliminary data (if any), significance of the problem and background (brief) and the methods that will be used, including sample size and statistics, if appropriate. A discussion of the feasibility of completion of the project within the allotted time should also be included. References to the scientific literature must be provided.

- Please address the following as a minimum:
  - What is the question (or hypothesis) addressed by your project?
  - Why is the project important (background)?
  - How is the project relevant to your development?
  - What is the study population or sample (e.g., rats, cells in culture)?
  - What are the key methods or techniques? If you do not know them already, how will you learn them?
  - What is your experimental approach (study design)?
  - Does your approach contain the appropriate controls?
  - Are the statistical procedures appropriate? How will you be mentored in this?
  - Is the sample size adequate?
  - What will you do with your results?
  - What is your specific role in the project? Are you responsible for the entire project or just a portion of it? If only a portion, what is the specific hypothesis that
you will be testing? Give some indication of possible outcomes and how you will interpret them. For instance, what will you accept as proof of your hypothesis?

- Proposals that suggest that you will be a technician/clerk (only doing experiments that aid others or doing repetitive experiments but never analyzing the data yourself) or a recording clerk (e.g. data entry without participation in analysis), continuing (or finishing) prior research or a shadow of a study coordinator are generally considered to be weak.
- Applications wholly or largely written by the sponsor or extracted directly from the sponsor’s grant proposal do not fare well.
- Any student who will be doing clinical research, whether local or international, even if it only involves handling clinical samples, must be certified by the IRB.

3) Faculty mentor letter.

The Faculty Mentor you plan to work with must provide a letter describing the time and facility commitment to the student, research funding for the project, and the student’s proposed specific role. Mentor letters are required and should be mailed by their authors directly to the address listed above or given to the applicant in a signed/sealed envelope. The mentor letter must be signed, on letterhead and be specific in outlining precisely what the student will be doing and what the expected outcome of the project may be (publication, presentation, etc). For clinical research studies, the role of the student as distinct from the rest of the study personnel must be clear. It is not acceptable for a student to merely shadow the PI or study coordinator as a research project. The feasibility of the student completing the work should be included in this letter.

Deadline and Notification Dates
The deadline for submitting application materials is **March 26, 2018**.

**Questions:** If you have any questions, you may contact the Chairman of the Summer Research Committee, Dr. Peter Brodeur at (617) 636-6730 or email peter.brodeur@tufts.edu.

**Note:** Your application should not exceed 3 typewritten pages. (This does not include the information above or the letter from the faculty mentor.) Students are encouraged to seek advice from their mentor when preparing their application.
2018 Summer Research Fellowship Application Form

(Entire application not to exceed 3 typewritten pages)

Name of Applicant: _____________________________________________________________

Address: ____________________________________________________________________ Street

____________________________________________________________________________ City

City ___________________________ State _______________ Zip Code

TUSM Email Address: ____________________________________________________________

U.S. Citizen: Yes [ ] No [ ]

Telephone: __________________________

Faculty Sponsor: ______________________________________________________________

Institution: __________________________________________________________________

Sponsor’s Contact Information: _________________________ ________________________

Telephone # __________________ Email Address ______________________________________

Title of Proposed Research: ____________________________________________________

Signature: _________________________ Date: __________________________

I certify that the information in this application is correct to the best of my knowledge and belief.

Upon completion, return this application to:
Office of Student Affairs, Sackler 4

Or

med-osa@tufts.edu

Due: March 26, 2018

TUSM • OSA • 145 Harrison Ave., Boston, MA • med-osa@tufts.edu • 617-636-6534