

**UNIVERSITY OF MICHIGAN MEDICAL SCHOOL  
STUDENT BIOMEDICAL RESEARCH PROGRAMS (SBRP)  
5101C Med Sci I, Box 0611, Phone: 763-6362**

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Director

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**Application Instructions for  
Summer Medical Student Biomedical Research Funding**

**INTRODUCTION**

The University of Michigan Medical School Summer Medical Student Biomedical Research Programs provides a mentored, funded 10 week research experience for medical students. Interested students should identify a faculty research mentor and submit a proposal prior to the deadline. The proposed research can be basic science, clinical, or a combination. Medical education projects which include a hypothesis and research plan are also eligible. A stipend of approximately \$4,328 for a 10 week period is paid to the student by SBRP. Applications are reviewed by the Committee for Student Biomedical Research. Applicants will be notified by early April as to whether their proposal has been approved.

**DEADLINE FOR SUBMISSION:**

Deadline for submission of the completed application is **4:00 p.m. on Friday, February 6, 2009.** Applications must be **hand delivered (not faxed)** to 5101C Med Sci I.

**AUTHOR INSTRUCTIONS:**

The proposal must be two pages (maximum), single-spaced, 12-point font and typed on 8 ½" by 11" paper using normal margins. Cited literature may be referenced on a third page if necessary. The proposal should be written by the student applicant with close supervision by the faculty research mentor. Any use of, or reference to, the faculty mentor's previous work should be cited in the references at the end of the proposal. The applicant's name must appear in the upper right-hand corner of each page.

**RESEARCH PROPOSAL:**

The proposal must include the following sections, in the order as indicated:

1. Title (20 words maximum)
2. Hypothesis
3. Background, Previous Literature, Previous Work
4. Research Plan including:
  - a) materials and methods b) experimental protocol or design, and c) plan for statistical analysis
5. Significance of proposed research

**ELIGIBILITY GUIDELINES:**

The following students **ARE ELIGIBLE** to apply:

1. University of Michigan Medical students in good standing who are not currently enrolled in a Ph.D. program (e.g. MSTP).
2. Students formally accepted to the University of Michigan Medical School (UMMS) and who have formally agreed to matriculate in the UMMS.

**REQUIREMENTS FOR FACULTY MENTORS, PROJECTS AND LOCATION OF RESEARCH:**

1. All faculty mentors must have an appointment at the University of Michigan Medical School.
2. All research proposals must be conducted with an existing or new approval from the IRB for clinical research and the UCUCA for animal research.
3. All research is to be performed in or in conjunction with the UMMS or its affiliated hospitals.

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**Student Research Fellowship Application**

**Student Information**

Class Status as of 2/1/2009:

M-1     (entering) M-1     Other \_\_\_\_\_     SBRP Program,  MCRiT Program,  
 UMSTAR - Aging Program

\_\_\_\_\_  
Applicant's Name: (last name, first name, middle initial)

\_\_\_\_\_  
Date Application was submitted

\_\_\_\_\_  
Current Address: (street, city, state and zip code)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address other than umich.edu

(\_\_\_\_\_) \_\_\_\_\_  
Area Code      Home Phone #

(\_\_\_\_\_) \_\_\_\_\_  
Area Code      Cell Phone #

**Project Period Information (Must be 10 weeks duration Monday-Friday)**

6/01/09      8/07/09  
Begin Date      End Date  
(Monday Date)      (Friday Date)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Student ID Number

**Project Title:** (20 words maximum)

**Mentor Information**

**Type of Research**

Basic Science \_\_\_\_\_ Clinical \_\_\_\_\_ Medical Education \_\_\_\_\_

\_\_\_\_\_  
Research Mentor: (name, title/degree)

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Name of Department

\_\_\_\_\_  
Campus Address & Zip

**Demographic Information** (optional)

- |  |  |
|--|--|
| <input type="checkbox"/> 1 = American Indian or Alaskan Native | <input type="checkbox"/> 5 = White (not of Hispanic origin)                              |
| <input type="checkbox"/> 2 = Asian (not a Pacific Islander)    | <input type="checkbox"/> 6 = Pacific Islander  |
| <input type="checkbox"/> 3 = Black (not Hispanic origin)       | <input type="checkbox"/> 0 = Use this code if you prefer not to provide this information |
| <input type="checkbox"/> 4 = Hispanic                          |  |

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**Agreement and Conditions of Research Funding**

If my proposal is funded, **I understand and agree** to each of the following:

1. I agree to work full-time (40 hours per week) for the duration of my approved research project period.
2. I understand that stipends will be issued in thirty (30) day blocks for a maximum of ninety (90) days. Stipends are solely living allowance and cannot be considered payment for services.
3. I agree that any non-research activities (i.e. any other academic or work activities) during the approved project period must be approved prospectively by the Student Biomedical Research Programs office, upon written recommendation for such by my mentor.
4. I understand that absences exceeding two consecutive working days in my mentor's laboratory or office must be made-up in order to receive the total compensation. Failure to do so will be reported by the mentor to the Student Biomedical Research Programs. **Any change of project period must be requested in writing (email) and approved by SBRP Director prior to any changes taking place.**
5. I agree to attend **each** of the summer seminars, unless I submit a request (in writing) to be excused at least two days prior to the seminar.
6. I agree to submit an abstract and survey form within ten (10) days of the end of the approved research period date in order to receive my final stipend payment. I am also responsible for my mentor submitting a student evaluation form to SBRP. Any deviation from this must be approved ahead of time by the Student Biomedical Research Programs office.
7. I currently am a University of Michigan medical student in good academic standing, and will be enrolled at the University of Michigan in 2009-2010.
8. I am not currently enrolled in a program leading to a Ph.D. degree in the biomedical sciences.
9. I understand and agree that I am required to present my data in the form of a poster at the 2009 Fall Student Biomedical Research Forum. Written requests from the student and mentor for exceptions must be approved by the SBRP.

**I have carefully read and fully agree to each of the above items**

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I have read the above and agree to upholding this "Agreement and Conditions of Research Funding" regarding my student. Stipends issued by the Committee are for the student's full-time research efforts. I understand that mentors may not reduce student time commitments required for issuance of the stipend. Subject to the above rules, other arrangements must be put in writing before submitting the proposal (with a copy attached to this agreement). Research conducted by the student will have an existing or new IRB/UCUCA approval number if it is required. I agree to take primary responsibility for the provision of this research experience.

I certify that I hold a faculty appointment at the University of Michigan Medical School.

\_\_\_\_\_  
Mentor Name (please print)

\_\_\_\_\_  
Mentor Signature

\_\_\_\_\_  
Date

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**Supporting Statement from Faculty Mentor**

Please describe the range of interactions of the mentor, other individuals, and the student in the research program. This is to be returned by the student with the Student Biomedical Research Program Application.

1. What are the educational objectives of the proposed summer research project?  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Describe your research training environment. Who will provide daily supervision?  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Did the student participate in the development of the research objectives and hypothesis? Yes \_\_\_ No \_\_\_  
(Comments):  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Was the proposal written primarily by the student? Yes \_\_\_ No \_\_\_  
(Comments):  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Describe why this student is well-suited to be a research trainee. (Addition comments may be submitted on a separate page)  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Will the proposed research be covered under an **existing or new**: (IRB-Clinical Projects; UCUCA-Animal Projects)
  - a) **IRB #** \_\_\_\_\_ **PI** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_ **Funding Source** \_\_\_\_\_  
(example: HUM00003838)  
**Title** \_\_\_\_\_
  
  - b) **UCUCA #** \_\_\_\_\_ **PI** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_ **Funding Source** \_\_\_\_\_  
(example: UCUCA-8894)  
**Title** \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Mentor Name (please print)

Due February 6, 2009

\_\_\_\_\_  
Mentor Signature

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\_\_\_\_\_  
Date