

## Harvard Medical School Student and Research Mentor Agreement

**Deadline:** Applications must be approved at least 30 days prior to the start date of the experience.

**Application Process:** Please sign this agreement and briefly describe the research project. Once completed, please submit an original copy to the Undergraduate Medical Education (UME) administrator at Beth Israel Deaconess Medical Center. Once approvals are obtained from the UME office, the student and mentor may begin their research project.

### HARVARD MEDICAL STUDENT INFORMATION

Name: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_ HMS Society: \_\_\_\_\_

Title of Research Study: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### RESEARCH MENTOR INFORMATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department/Lab: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Anticipated Dates of Project

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

**To be completed by the Student:** Please attach the following on a separate piece of paper with your name on it:

1. Describe 2-3 goals of your proposed project.
2. Describe 2-3 clinical or study objectives.
3. Provide a complete narrative description of your proposed experience. Describe how the experience will inform your future career as a physician.
4. Education modality (e.g. clinical, research, opportunity to write a publication, give a presentation, etc.).
5. Methods of assessing your own experience.

### APPROVALS

1. Research Mentor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. BIDMC UME Associate Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE RESEARCH MENTOR at the end of the student experience**

**HMS Student Name:** \_\_\_\_\_

*Time spent in Research Study: Where applicable, give a report of the amount of time fulfilled in the student's activity.*

Were specific reading assignments given?      Yes \_\_\_\_\_      No \_\_\_\_\_ (*please check one*). If yes, indicate the number of hours per week for required reading assignments. \_\_\_\_\_

Number of hours per week of outside reading \_\_\_\_\_

Number of hours per week for didactic instruction \_\_\_\_\_

Number of hours per week for clinical work \_\_\_\_\_

Number of hours per week for laboratory work \_\_\_\_\_

Number of hours per week of unsupervised work \_\_\_\_\_

Number of hours per week for all other work (*please define*) \_\_\_\_\_

\_\_\_\_\_

**Total number of hours per week:** \_\_\_\_\_

**Total weeks of the research project:** \_\_\_\_\_

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**Method of evaluation (i.e. exam, paper, presentation, etc.):** \_\_\_\_\_

**Title of Research Study:** \_\_\_\_\_

**Research Mentor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Narrative Evaluation: Please be specific about student contributions to the project and personal and professional growth during the study.