The Keck School Of Medicine  
The University of Southern California  
Summer Research Fellowship Application  
Submission Deadline: March 22nd 2010 for all students

1. **APPLICANT IDENTIFICATION:**
   Name: (Last, First, Middle): _______________________________
   Degree(s): _____________________________________________
   Year: _________________________________________________
   Student I.D.: __________________________________________
   Mailing Address: _______________________________________
   _______________________________________________________
   _______________________________________________________
   Email Address: ______________________________
   Telephone: ______________________________

2. **DATES OF PROPOSED PERIOD OF SUPPORT:**
   From: __________________ Through: _____________________

3a. **KECK SCHOOL OF MEDICINE PROJECT MENTOR:** Section 3a must be completed by all applicants.
   Name: (Last, First, Middle) Degree
   _______________________________________________________
   Position Title: __________________________________________
   Institution/Department: __________________________________
   Mailing Address: _______________________________________
   _______________________________________________________
   Email Address: __________________ Telephone: _____________

   *I have received and reviewed this application, and agree to supervise the proposed project.
   Signature: _________________________ Date: _________________

3b. **NON-KECK SCHOOL OF MEDICINE PROJECT MENTOR:** Section 3b needs to be completed only if you are working at a site with non-KSOM individuals:
   Name: (Last, First, Middle) Degree
   _______________________________________________________
   Position Title: __________________________________________
   Institution/Department: __________________________________
   Mailing Address: _______________________________________
   _______________________________________________________
   Email Address: __________________ Telephone: _____________

   *I have received and reviewed this application, and agree to supervise the proposed project.
   Signature: _________________________ Date: _________________
4. **RESEARCH PROJECT SUMMARY:**
Please provide the title of the project in which you will be participating, the duties, your role in the project, the location/institution, and any additional pertinent information. This section should not exceed a single page.
International Research Projects:

This form must be completed by foreign host mentor/institution OR one letter of support/involvement/recommendation (this can be in the form of e-mail) from the foreign host mentor/institution.

Foreign Host Verification
(To be completed by foreign host/mentor/program director)

Name of Institution: __________________________________________________

Full Name of Sponsor/Mentor: _________________________________________

Degree(s): ___________________________________________________________

Position Title: _________________________________________________________

Department: __________________________________________________________

Mailing Address: ______________________________________________________
____________________________________________________________________
____________________________________________________________________

E-mail Address: _____________________________

Phone: _________________________________

Fax: _________________________________

Is there a formal program designed for the education of our student?
   Yes       No

Have you covered with the student topics of safety and immunizations?
   Yes       No

I have reviewed the proposal for that above mentioned student and agree that the description of the program is accurate and I approve the student’s participation in the program.

_____________________________________________   ____________________________
Print Name                                                                 Sign Name

_____________________________________________
Date

(If you are unable to have your foreign host sign this section, an email confirmation including all the above information is acceptable)

REQUESTED FUNDING (Only needed for international)

Airfare: ___________       Program Costs or Other Expenses: _________________

Housing: ___________       Meals: _______________

Total: _______________
Institutional Review Board (IRB)

Note: Any research that involves human subjects or human tissues must be approved by the Institutional Review Board (IRB). The first step is the verification of CITI (human subjects education program). Once you have completed that successfully you can then submit an IRB project form, i.e., iStar on-line application (http://www.usc.edu/admin/provost/oprs/hsirb/). You must also include approval by your sponsor in order to assure the committee that he/she will be able to supervise your project and provide working accommodations. In many cases you will be joining a project with a previously approved IRB. If that is the case, you simply need to cite the existing IRB identification below.

If IRB approval has not been received, this must be done prior to the start of the project if awarded.

Human Subject Research #____________________________
Sponsor’s Signature _____________________________
Date_____________________________
Full name of Sponsor (type or print) _________________________
Location of Sponsor __________________________________________
Telephone # ____________________

To be completed by the KSOM student:

1. By signing this application for the Summer Research Fellowship Program, I agree that all pertinent information included in that application is truthful.
2. I agree that if this application is approved and I am to receive funds from the Summer Research Fellowship Program, that I will only use these funds for the purposes listed in this application, as well as traveling only to the location I have specified in the application. If for any reason I use funds for any other purposes not listed in this application or if I travel to a different location, I agree that at the request of the Summer Research Fellowship Program Committee I will refund the full amount of the grant.
3. I confirm that I am a Keck School of Medicine student in good academic standing. I understand that I will not be eligible to receive funds from the Summer Research Fellowship Program if I am not in good academic standing.
4. By accepting funds from the Summer Research Fellowship Program, I acknowledge that I am obligated to submit a summary abstract, as well as a poster presentation.

__________________________  ___________________________
Print Name                  Sign Name

__________________________
Date