

**University of Illinois
College of Medicine at Rockford
Application Form for Research Involving Students**

Indicate all program(s) for which you are applying. (More than one box may be checked)

	Program	Due date for submission
	Walter Rice Craig Summer Fellowship	February 28, 2012
	Research Assistant	No submission deadline
	Would like to mentor a James Scholar student	1 st week in August
	Would like to mentor a medical student interested in this topic	No submission deadline

Name of faculty advisor:		Phone:	
Sponsoring Department:		E-mail:	

Please attach a Word document that addresses each of the following six sections. Use the numbering system provided below in making your responses. Do not attach more than two pages (12 point font, single-spaced, one-inch margins).

1. Project Title:
2. Statement of hypothesis(es) or specific aim(s) of the project:
Brevity and clarity are desired. Null hypotheses are discouraged. If a "direction" for the findings is predicted, include this information in the hypothesis
3. Overview of the study design:
The overview should include a brief background to indicate what prompted this research question. The study design should be clearly outlined including the general methods and estimates of sample numbers.
4. Activities (work) required of the student:
5. Timeline (by week) for completion of key tasks in the study design, including IRB approval if required:
6. What would the student learn while in the program?

For Summer Fellow Applications Only – if funded, this signature must be secured:

Department Head/Chair Signature: _____
(Signature indicates that the project has been reviewed and the Department is willing to absorb any incidental expenses related to the project such as print charges, phone, or poster development.)