University of Illinois College of Medicine Rockford
Underrepresented in Medicine Student Research Program (UICOMR-URMSRP) Application

The UICOMR-URMSRP application must include the following components:

- Cover page including the title of the proposal, student name, contact information, research mentor’s name, affiliation and contact information.
- Research proposal 3-4 pages in length (single-spaced), followed by a bibliography (not included in page limits). The research proposal should include the following elements:
  - Specific Aims: principal aim(s) of the research project; a summary of the questions the student will ask and the methods that will be used
  - Background and significance: information to help the reviewer understand the context of the questions the student is asking and why they are important, as well as the clinical and/or basic science significance of anticipated outcome(s)
  - Experimental methods
  - Timeline: a proposed timeline encompassing the full 1.5 to 3 years of the project, stating when the different steps and goals of the proposal will be completed.
  - Mentorship statement (to be completed by research mentor): Describe skills the student will acquire as a result of this research program. Additionally, please specify who will actually be supervising the student, e.g. the faculty research mentor, other faculty member, post-doctoral research associate, graduate student, etc., as well as the frequency of meetings and whether meetings will be in person or via phone, e-mail, combination, etc.
- Student applicant resume/curriculum vitae
- One-page statement of interest explaining nature of interest in undertaking a research project for personal and professional development. Any prior research experience should be mentioned here; however, students are encouraged to apply regardless of past research experience.

**Application Review and Scoring Criteria:** A committee of faculty will review the applications and prioritize applications based on merit. Position funding will be based on review priority score, with final funding decisions made by committee consensus. Preference will be given to applicants not previously selected for other Office of Research-funded research programs.
University of Illinois College of Medicine Rockford
Underrepresented in Medicine Student Research Program (UICOMR-URMSRP) Application

Applications must be typewritten or legibly printed. Part I must be completed by student, Part II by their faculty advisor. Submission instructions are included below.

Part I  Student Information
Name: [Click or tap here to enter text.] Phone: [Click or tap here to enter text.]
E-mail: [Click or tap here to enter text.]

As a medical student interested in enrolling in the Underrepresented in Medicine Student Research Program, I understand that there are certain requirements to be met as follows:

- I must be in good academic standing to be eligible, and maintain good academic to remain eligible.
- I am expected to meet all program deadlines and attend all required meetings.
- I must present a poster of my research at Research Day and must attend Judging Night.
- I must submit an original research manuscript describing my scientific work.

I have reviewed the Underrepresented in Medicine Student Research Program information and intend to satisfy all requirements to the best of my ability.

Signature: ___________________________ Date: [Click or tap to enter a date.]

======================================================================

Part II Faculty Sponsor’s Statement

I have reviewed the attached proposal and consider it feasible and worthwhile. I will supervise the student throughout the project, help the student to prepare for the campus Research Day, and ensure that the student fulfills all requirements of the URMSRP program.

Name: [Click or tap here to enter text.] E-mail: [Click or tap here to enter text.]
Institution/Department: [Click or tap here to enter text.]
Signature: ___________________________ Date: [Click or tap to enter a date.]

STOP HERE

SUBMIT APPLICATION TO:
LORI DREDSKE  LORINDAH@UIC.EDU
OFFICE OF RESEARCH
1601 PARKVIEW AVE, ROCKFORD, IL 61107

======================================================================

(Part III)  COMPLETED BY OFFICE OF STUDENT AFFAIRS

The above named student:  □ IS academically eligible.  □ IS NOT academically eligible.

Signature: Assistant Dean for Student Affairs Date