

NIH-HUIRC (College of Medicine)

Student Research Application

Name			
Last:		First:	
For Medical Students		For Graduate Students	
Current Year of Medical Study:		Graduate Degree Sought:	
Howard University ID#:		Current Year of Graduate Study:	
Area(s) of Interest:		Howard University ID#:	
Howard Univ. Mentor:		Field of Graduate Study:	
		Howard Univ. Mentor:	
Local Address:		Permanent Address:	
Ema il		Phone Number	

*Only applicable to Graduate Students who are currently enrolled and assigned to the College of Medicine.

NIH BioSketch (Please attach)

Personal Statement (250-word maximum) Please describe why this research experience is of interest to you and how you feel that this experience will be beneficial to your career.

Honors/Awards/Scholarships*	
Honor/Award/Scholarship	Date

*Please add as many rows to table as needed.

Prior Research Experience (Briefly describe any prior research experience(s)).

Preliminary Research Plan (4-page Max. Please attach) **Must Include:**

- Project Summary/Abstract (½ page)
- Specific Aims/Goals (½-1 page)
- Preliminary Research Strategy (2-3 Pages)
- References

Specific Skills (List any specific skills that you have that may enhance or contribute to your research)

Leadership Roles (List any leadership roles or positions that you have held).

X

Department Chair Attestation (May be written in box below or attached)

Mentor Attestation (May be written in box below or attached)

Before signing this document, verify that the information provided is correct.

Signature: