

APPLICATION
MD with RESEARCH HONORS PROGRAM

1. **DATE:** _____

2. **NAME OF STUDENT:** _____

3. **CLASS:** _____

4. **E-MAIL ADDRESS:** _____

5. **TITLE OF PROJECT:** _____

6. **SIGNATURE OF STUDENT:** _____

7. **NAME OF SPONSOR:** _____

8. **SIGNATURE OF SPONSOR** (The sponsor's signature verifies that the sponsor and the student have secured appropriate training and committee approvals, e.g., radiation safety, biosafety, animal care and use, and Institutional Review Board):
