

APPLICATION FORM

RII-sponsored Campuswide Undergraduate Student-initiated Original Research Program Application deadline: February 3rd, 2025

TYPE OR PRINT LEGIBLY IN BLACK INK (Please complete ALL blanks and print for legibility).

NAME (FIRST, MIDDLE, LAST):	STUDENT ID#
E-MAIL (PLEASE PRINT)	CELL PHONE
AFFILIATED COLLEGE/MAJOR	LEVEL/CLASS YEAR

Submit this form and a document that contains the following sections.

A. CAREER GOALS

B. PREVIOUS RESEARCH PROJECTS (list only title/mentor/year)

C. ORIGINAL RESEARCH QUESTION FOR YOUR PROPOSAL (Must pose as question & not to exceed 15 words):

D. PROJECT PROPOSAL - 3 PAGE LIMIT (double-spaced, 1" margins) TO INCLUDE:

- 1. Background/Rationale
- 2. Materials and Methods
- 3. Analysis
- 4. Expected outcomes/deliverables
- 5. Significance
- 6. Timeline with Milestones

E. BUDGET (both \$1000 and \$1500 limit):

Categories - stipend/salary, travel, supplies, equipment, other

Mentor (Name, Affiliation):

I agree to mentor this student through the duration of this student-generated original project. This is not part of my own ongoing research, or if related directly to my own research I attest to the fact that the student is contributing at least 75% or more of original work toward end result and idea/question.

Signed (type full name or sign):

Student agreement:

I agree to present at the Fall 2025/Spring 2026 Forum and participate in the program's Questionarium (on-campus gathering to share research and other questions, date TBD) activity:

Signed (type full name or sign):

SUBMIT APPLICATION TO:

Grace S. Wagner, Academic Program Manager

Medical & Multilevel Student Research Program - College of Medicine

P.O. Box 245200, Room 4402K

Tucson, Arizona 85724

E-mail: grace@surgery.arizona.edu