

University of South Carolina School of Medicine

Research Program for Medical Students (RPMS)

Mentor Application Form

Faculty Member Information

Last Name: _____ First Name: _____
Rank: _____ Degree(s) _____
Department/Division: _____
Campus Address: _____
Office Phone: _____ email address: _____

Project Information

Title of Project: _____

Project Summary (please provide a brief description of the project, including scientific/analytic approaches the student will have the opportunity to learn):

Anticipated outcomes of student work/deliverables¹:

Mentor Agreement

I agree to mentor an RPMS student for their summer research experience. I will provide appropriate supervision, training, space and necessary resources required for the project. In addition, I will ensure that the RPMS student prepares a final summary of this research experience in the form of a short oral presentation and final poster-format presentation at the combined SOM/PH research event, in April of the subsequent academic year.¹ I will also provide the Office of the Associate Dean for Research and Graduate Education a report of outcomes from this work (i.e. meeting abstracts, publications, etc on which the RPMS student was included)

Mentor Signature: _____

Date: _____

Please email the completed application to Ms. Gloria Price (Gloria.Price@uscmed.sc.edu)