



Student Research Program in Academic Medicine (SRPinAM)

RESEARCH MENTOR SURVEY FORM

This Research Mentor Survey is used by the SRPinAM to survey the researcher's potential participation in the program as a Research Mentor. In addition to this form, please attach a copy of your Biosketch. You are encouraged to submit this form and your Biosketch via e-mail to Jespada@iu.edu. You can view a list of our approved research mentors at <http://msa.medicine.iu.edu/financial-aid/student-research/mentors/>.

Faculty Mentor (FirstName, MI, LastName, Degrees, Title)

Department

Area of Research

Would you like to have IUSM medical students working/training/learning in your lab during the summer after their first year?

Yes No

During the summer, how many medical students are you able to accommodate in your lab or in your research to provide them with an educational research experience?

0 1 2 3 4

Of the number you can accommodate in the summer and beyond, how many medical students can you provide a full stipend (approx. \$5,600)?

0 1 2 3 4

Of the number you can accommodate in the summer and beyond, how many medical students can you provide a partial stipend?

0 1 2 3 4

After their first year, medical students have approximately 10-12 weeks available in the summer with approximately a 30-40 hour work week negotiable with the PI. Please briefly describe the scope of work (research focus), and when you would like the medical student to begin and conclude their research experience.

What is the current number of personnel in your laboratory?

0 1 2 3 4 5 or more

Postdoctoral scientists

Graduate students

Undergraduate students

What is your lab's source of funding and dates (Industry, NIH, start-up, other)? Have you previously had IUSM medical students in your lab for the summer?

Yes No

If yes, indicate who and when (year).

Please fax the complete form to 317-278-2691 or you can attach the form to an e-mail and send to Jose Espada, jespada@iupui.edu.