

Medical Scientist Training Program
Pre-MS1 Summer Rotation Selection Form
Due: June 1, 2009

Date: _____

Student Name (print your name): _____

I have discussed rotation projects with the following UAB Faculty members (at least 3, but you can consider your interviews a “discussion”):

After discussion with the MSTP Director or Associate Director and these Faculty members, **I have chosen** _____ to be my supervisor for my Pre-MS1 Summer MSTP Lab Rotation. I expect to devote full time effort to this rotation for 6 weeks between June 15, 2009 and July 24, 2009. If my class load permits, I will continue with this research during Fundamentals I and develop a poster for the UAB Research Day. **My research focus this summer will be:**

_____.

Student's Signature

Research Mentor:

I accept responsibility for guiding this student for this 6 week period. I will submit a brief confidential evaluation of the student's effort at the end of the rotation. The MSTP pays the student's stipend and tuition during the rotation. I am responsible to pay for lab supplies needed during the rotation.

Summer Research Mentor (signer, please sign and print your name & date)

APPROVED BY: MSTP Director or Associate Director (please sign your name & date)