

SUMMER RESEARCH TRAINING PROGRAM
University of Kansas Medical Center
Office of Graduate Studies – 913-588-5241 – FAX913-588-5242 – jbast@kumc.edu

RESEARCH PROJECT DESCRIPTION *

PROJECT TITLE:

General Category of Project:

Basic Research : Molecular Biology Not Molecular Biology
 Clinical Research : Contact w/ Human Subjects NO Contact w/ Human Subjects

RESEARCH MENTOR: _____ **DEPT.** _____

Office Location: _____ Phone #: _____ E-mail: _____

Performance Site: KUMC-KC KUMC-Wichita USA/Not-KUMC Germany Spain

Project for.....(Check all that apply): Medical Student Undergraduate

A. SPECIFIC PROJECT AIMS:

B. BRIEF DESCRIPTION of the project:

C. LIST PRIMARY METHODS/TECHNIQUES USED:

D. FOR THE STUDENT, identify the aspects of the project s/he will actually do: **(required information)**

E. LIST PERSON(S) who will have significant training contact with the student for this project:

F. IS IT FEASIBLE for the student to complete this project or have YES
sufficient data to present (oral/written) results by the end of the summer? NO

- **Complete a SEPARATE form for EACH research project that you wish to be seen by students.**
- SRP Research Project Description.doc