

**Medical Student Summer Research Program Application**  
**(deadline for submission: January 25, 2008)**  
**Northwestern University, Feinberg School of Medicine**

**Name:**

**Class:**

**Male:** \_\_\_\_\_

**Female:** \_\_\_\_\_

**Address:**

**Phone:**

**Email:**

**Faculty Preceptor:**

**Department:**

**Office Address:**

**Phone:**

**Email:**

**Project Title:**

**Period for which funding is requested:**

**AGREEMENT:** We, (*student/preceptor*) agree to submit a written summary report of the project for review by the Medical Student Research Committee.

**Student Signature:**

**Date:**

**Preceptor Signature:**

**Date:**

**Return applications to Sue Anne Tae in Ward 1-003, by January 25, 2008.**