

**MEDICAL STUDENT RESEARCH  
INFORMATION SHEET**

Student Name: \_\_\_\_\_

Student University ID #: \_\_\_\_\_

Student e-mail address: \_\_\_\_\_

Mentor Name: \_\_\_\_\_

Mentor Department: \_\_\_\_\_

Mentor Address: \_\_\_\_\_

Mentor Phone: \_\_\_\_\_

Mentor email address: \_\_\_\_\_

**TITLE OF PROPOSAL:**

Are human subjects involved in this study? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please give the IRB number, title, and approval date (must be completed for consideration of this application).

Will animals be used in this study? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please give the IACUC protocol number, title of the protocol, and approval date (must be completed for consideration of this application).