



## MEDICAL STUDENT RESEARCH APPLICATION

Thank you for your interest in research at Henry Ford Health. Henry Ford Health provides opportunities for students to participate in research under the sponsorship and supervision of a faculty mentor. The faculty mentor is solely responsible for the research experience, which does not include access to any clinical or academic opportunities, unless directly related to the research project (MEP 003). Please complete the document below and send to [ume@hfhs.org](mailto:ume@hfhs.org) along with your current CV. Please note the following:

- We only accept applications from current students enrolled in medical schools in the United States.
- If you are a WSU-SOM student enrolled in a research elective, please do **NOT** use this form. Instead, contact your school for further direction.
- If you are a WSU-SOM, MSU-CHM, or MSU-COM student based in Detroit, please do **NOT** use this form. Contact [ume@hfhs.org](mailto:ume@hfhs.org) if you need assistance.
- All research through Undergraduate Medical Education is voluntary and unpaid.
- Research placements are based on availability and NOT guaranteed.
- Students will be notified of acceptance through email. Medical students may not participate in unpaid research at Henry Ford Health without the approval of the Undergraduate Medical Education Office.

We process research applications two times during the year:

Due Date	Review Window	Notification Date
February 1	March	April 1
September 1	October	November 1

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

Anticipated Graduation Year: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

College E-mail: \_\_\_\_\_

Medical School and Location: \_\_\_\_\_

Are you a part of a special program? If so, please list the program name and contact person.

Program Name: \_\_\_\_\_

Program Contact: \_\_\_\_\_

Has a physician(s) already agreed to work with you?   YES   NO

If yes, please complete the information below:

Physician Name(s): \_\_\_\_\_

Location: \_\_\_\_\_

Email: \_\_\_\_\_

Please list your top area of interest:

Please provide the timeline you will be available to participate in research:

Month/Year \_\_\_\_\_ to Month/Year \_\_\_\_\_

Circle the days you are available and list times:

☐ Monday: \_\_\_\_\_

☐ Friday: \_\_\_\_\_

☐ Tuesday: \_\_\_\_\_

☐ Saturday: \_\_\_\_\_

☐ Wednesday: \_\_\_\_\_

☐ Sunday: \_\_\_\_\_

☐ Thursday: \_\_\_\_\_

Please provide a short description of your research experiences:

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