

**SURVEY OF 2017 SUMMER STUDENT  
RESEARCH PROJECTS**

**PLEASE TYPE OR WRITE LEGIBLY**

\_\_\_\_\_  
Faculty Name/Degree                      Primary Department                      Work Phone

Intercampus Office Mailing Address \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

Please list below one or two research projects in your lab that would be available for an eight-week scholarship program. Include a one-paragraph discussion of the project including pertinent data that students could use to help evaluate programs that would be of interest to them and the type of work they would be doing. Investigators who request more than one student may be assigned an additional student if, as in the past several years, more students apply to do research than the number of investigators available. It is important, however that the investigator be able to provide adequate and timely supervision and that the project is ready (IRB approval arranged, etc.) before the student is scheduled to begin work on their summer research project.

1.     Project title:

Summary paragraph:

2.     Project title:

Summary paragraph:

Please list complete references for your significant recent publications or, where applicable, publications where students have shared authorship. List one, two, or three.

1.

2.

3.

Please indicate your **first** and **second** choice of dates to present your **5-minute summary** to interested students between 12:00 and 1:00 at the luncheon in the Alumni Hall Amphitheater. You will be notified of your presentation time.

\_\_\_\_\_ Monday, February 13

\_\_\_\_\_ Tuesday, February 14

\_\_\_\_\_ Wednesday, February 15

NOTE: Research positions will be made available to medical students first and then, those that remain unfilled will be offered to undergraduate students. Please indicate if you would be willing to supervise a qualified undergraduate student subject to a satisfactory interview by circling the following:               **YES**               **NO**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**RETURN THIS FORM TO: Gaby Kunze  
LLU School of Medicine  
Student Affairs Office CP, A-1108  
Loma Linda, CA 92350**

**E-mail [gkunze@llu.edu](mailto:gkunze@llu.edu)  
Fax: 558-4146**

**DEADLINE DATE: Friday, January 13, 2017**