

**Office of Undergraduate Medical Education
SENIOR SCHOLARS PROGRAM APPLICATION
AY 2017-2018**

Date application submitted: _____

Student Name: _____

Department: _____

Senior Scholar Mentor: _____

*(*for off-campus mentor, please provide contact information below)*

*Contact Info: _____

(Address)

(Telephone)

(Email Address)

Clinical rotations to complete department requirement: _____

Location: _____

Title of Senior Scholars project: _____

Brief description/objectives of project: _____

Anticipated forum for presentation of project findings: _____

Proposed interval of mentor-mentee meetings during the fourth year: _____

Signature of project mentor(s): _____

Print name of project mentor(s): _____ Date: _____

Please send completed copy of this form by email to lilibeth.cortez@umassmed.edu or return the application to the Office of Undergraduate Medical Education, S1-160.

NOTE: Senior Scholars Poster Presentation Day has been scheduled for Wednesday, May 2nd (afternoon). This is a requirement of the Senior Scholars Program.

To receive credit for this elective, you must complete an elective form for EACH month of Senior Scholars. Forms should be submitted to Judy Savageau (judith.savageau@umassmed.edu) who will sign them and submit electronically to: electives@umassmed.edu.