

Name: _____

Contact Information: _____

Email: _____

Phone: _____

.....
Year: MS1 MS2 MS3

Requested Research: Clinical Basic Science Either

Requested Period of Time: Summer MS1-MS2* Ongoing/not defined**

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If applying for Summer MS1-MS2 research:

Require funding? Yes No

Available onsite for the entire summer: Yes No

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Comments (Prior experience in research? Particular topics of interest? Interested in Ophthalmology as a career?):

.....
PLEASE ATTACH A CURRENT CV WITH THIS APPLICATION

*Return application by January 31st to be considered for summer research between MS1 and MS2 years. Plan to apply to the MSRF grant program if you require funding and are asking for a basic science experience. You will be contacted by February 7th with options/recommendations.

**You will be contacted within 2 weeks of application receipt to discuss specific options for research in Ophthalmology.