



University of California, Davis
School of Medicine

*Application for Non-Medical Student
Research Funding*

4610 X Street, Suite 2101A, Sacramento CA 95817-2200 / Phone: (916) 734-8494 / Fax: (916) 734-0107

Non-Medical Student Research Fellowship (UC Davis School of Medicine)

☐ MS1 Spring Intercession Elective:

Spring 2020 - full-time research for ____ weeks from _____ to _____

[NOTE: MS1 Students have 4-5 weeks available: 5/16/20 to 6/21/20]

Applicant's Name: _____

Telephone: _____

E-mail Address: _____@ucdavis.edu

Mentor Name: _____

Mentor Department: _____

Department Course Coordinator Notified: ☐ Yes ☐ No

To be completed by proposed Mentor:

Research/Elective Focus:

Applicant Information:

Please describe your Research Plan: This should include a statement of the problem, hypothesis to be tested, and experimental design.

Please limit your statement to 1 page.

Please submit your application and mentor information to:
jncwang@ucdavis.edu by **11:59PM on Tuesday, March 31, 2020**