RWJMS MD/PhD PROGRAM SUMMER SCHOLARLY ACTIVITY END FORM

Name: ____________________________ Mentor: __________________________
Institution: __________________________ Activity number: __________

Student summary of summer scholarly activity experience (please limit to ½ page)

_______________________________________________________________________

Faculty summary of summer scholarly activity and comments:

__________________________________________________________

Signature

I would take this student in my lab: YES_______ NO_______ NOT SURE_______

The completed form must be submitted by the mentor to Perry Dominguez, GSBS at RWJMS, Room R-102, Piscataway, no later than 3 weeks after the end of the summer scholarly activity.