

Summer Research Training Program Application

Introduction

Designed for medical students who have **NOT** identified a mentor.

(**NOTE:** You can also apply if you already have a mentor but are not applying for the Fellowship option. Please indicate on the application the name of your mentor.)

Please **READ** the **Summer Student Research Training Program Description** **BEFORE** completing the application. [CLICK HERE](#) to view the Training Program Description

The **RWJMS Student Summer Research Training Program** allows first or second-year medical students to conduct research under the direction of an established scientific mentor during the summer between the first and second year or second and third year of medical school. To participate in the program, please click continue to start the application.

Application Deadline
Friday, March 24, 2023 at 11:59pm EST

Contact information:

RWJMS - Office of Research
email: rwjmsresearch@rwjms.rutgers.edu

Office location:
675 Hoes Lane, Room 136
Piscataway, NJ 08854

Contact Information

Please complete your demographic information

First Name _____

Last Name _____

Rutgers Email _____

Phone Number _____

Select your medical school year

- M1, Class of 2026
- M2, Class of 2025

Did you apply for the RWJMS Summer Research Fellowship Program?

- Yes
- No

Skip To: End of Survey If Did you apply for the RWJMS Summer Research Fellowship Program? = Yes

If you apply to the Summer Research Fellowship Program, you **do not** need to apply to the Training program. Students who apply to the Fellowship program, but are not selected for fellowship support due to limited funds, will automatically be accepted into the Summer Research Program as part of the Training program option.

Registration questions

What **TYPE** of Research interests you? List as many as possible
(i.e. Screening, Diagnostic, Cohort, Experimental, Interventional, etc)



Please explain why you are interested in the **type of research** indicated in your response above. (400 character limit)

Please tell us your thoughts about your long-range career plans and goals. (400 character limit)

Briefly describe any prior research experience, skills, and qualifications. (400 character limit)

NOTE - prior research experience is **NOT** required to participate in the summer research training program.

Mentor Matching

DISCLAIMER

The mentor-matching process is a benefit intended for all Summer Research Training Program participants. The departments are engaged in the matching process. **Mentor matching is highly competitive and in high demand.** We recommend applying ahead of the deadline as available research projects fill up quickly.

We encourage student participants to expand their possibilities and broaden their preferred/desired research fields, as we want to match and accommodate as many students as possible in the program. Exposure to different areas of research is an excellent opportunity for students in the program and beyond. Participant preferences are considered in the matching process; however, mentees may be matched with a mentor who will provide new perspectives.

The success of your research experience will depend on your effort, dedication, motivation, engagement, commitment, and relationship with your mentor. Faculty are volunteering to serve as mentors, and your participation/collaboration in their research project is at their discretion. For this partnership to succeed, student participants must schedule an introduction meeting with their assigned mentor to discuss their research project, expectations, and responsibilities.

RWJMS Office of Research

Page Break

To facilitate identifying a mentor for you, please **SELECT AT LEAST 5** different AREAS/FIELDS that interests you and rank them by order of preference.

Please RANK: 1 most preferred - 5 least preferred

- Biochemistry and Molecular Biology
- Emergency Medicine
- Family Medicine and Community Health
- Medicine
- Neurology
- Neuroscience and Cell Biology
- Neurosurgery
- Obstetrics, Gynecology & Reproductive Sciences
- Otolaryngology (ENT)
- Pediatrics
- Pharmacology
- Psychiatry
- Radiation Oncology
- Radiology
- Surgery
- My preferred field is not listed

Signature

To submit your application you must include your **current CV/resume** in pdf version and **sign** the Family Education Rights and Privacy Act (FERPA).

Please upload your CV/resume. Please label document "Applicant's Last Name, First Name"

The Family Education Rights and Privacy Act (FERPA) requires us to obtain your consent to disclose personal identifiable information contained in this application to individuals who may be involved in the review process.

By signing this application, you consent to disclose of your information in the application.

Please note, we will work to ensure that everyone who applies to the program has an assigned mentor and will consider your preference, however, we are unable to guarantee that it will be in your preferred field due to its competitive nature.

Thank you.

INSTRUCTIONS