

**OFFICE OF STUDENT RESEARCH**  
**M.D. WITH THESIS PROGRAM APPLICATION**

**DEADLINE FOR SUBMISSION: *ONE MONTH BEFORE RESEARCH START DATE***

COMPLETED APPLICATIONS MUST BE SUBMITTED VIA E-MAIL TO:

[STUDENTRESEARCH@MEDSCH.UCSF.EDU](mailto:STUDENTRESEARCH@MEDSCH.UCSF.EDU)

HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED.

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NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROJECTED GRADUATION YEAR: \_\_\_\_\_ PRESENT CLASS: 1  2  3  4

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TITLE OF RESEARCH PROJECT: \_\_\_\_\_

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SPONSOR: \_\_\_\_\_ DEGREE(S)/ TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

CAMPUS MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SITE WHERE RESEARCH WILL BE CONDUCTED: \_\_\_\_\_

TIME PERIOD DURING WHICH RESEARCH WILL BE CONDUCTED: \_\_\_\_\_

**(1) BIOGRAPHICAL SKETCH:** On a separate page, provide a summary of your education (beginning with your undergraduate degree) and your previous research experience. Include a list of your publications, if any.

**(2) THESIS PROPOSAL:** Describe the research project for your thesis. Your proposal **may not exceed 3** pages of text (required font = Arial, size = 11), with one additional page for references, and **must** be divided into the following sections:

- A. Research Question or Hypothesis
- B. Background and Relevant Literature
- C. Study Design and Methods

*This section should include a specific description of the methods you will employ, including (as appropriate) the **number** and **type** of subjects and the statistical methods. For some proposals, justification of sample size (i.e. detailed power analysis) may be appropriate. Discuss potential pitfalls and alternative approaches.*

- D. Originality and Significance, and
- E. Preliminary Results (if any)

For help with statistical or other aspects of your study design, you are encouraged to consult with UCSF Clinical and Translational Science Institute's Biostatistics, Research Ethics and Design service using the form at (<http://ctsi.ucsf.edu/BREAD/request>). The first hour of consultation is free. Funds may be available for additional consultation through the Office of Student Research.

**(4) TO BE COMPLETED BY THE SPONSOR:** Provide a brief description of the student's project. The Committee is particularly interested in the precise role the student will play in the project, how long you have known the student (describe your relationship), and your plans for mentorship/supervision. If other individuals will participate in the design of the project, collection of data, or analysis of the results, please outline their specific contributions.

**(4) TO BE COMPLETED BY THE SPONSOR:**

1. Will the student participate in the design of the experimental procedure?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Will the student actually carry out the experiment and collect data?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Will the student's participation require regular supervision?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Do you expect to be absent from the laboratory for more than a 2 week period during the time of the research project?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. If "YES", who will supervise the student in your absence?		
Name: _____ Title: _____		
6. How many graduate students, postdoctoral fellows, etc., will be in the lab during the period in which the project will be conducted?		
7. If human subjects are involved, list protocol number COMMITTEE ON HUMAN RESEARCH ( <a href="http://www.research.ucsf.edu/chr/index.asp">HTTP://WWW.RESEARCH.UCSF.EDU/CHR/INDEX.ASP</a> )		
8. If animals are to be used, list animal protocol number INSTITUTIONAL ANIMAL CARE & USE ( <a href="http://www.iacuc.ucsf.edu">HTTP://WWW.IACUC.UCSF.EDU</a> )		
9. Please suggest possible thesis committee members (UCSF Faculty members, non-collaborators):		

**SPONSOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Signature indicates that sponsor has approved the attached student proposal and agrees to supervise the thesis work.)

TITLE:	DEPARTMENT:
CAMPUS ADDRESS:	
PHONE:	EMAIL:
DO YOU HAVE FUNDING FOR THIS PROJECT?	YES <input type="checkbox"/> NO <input type="checkbox"/>