

HENRY FORD HEALTH

MEDICAL STUDENT RESEARCH APPLICATION

Thank you for your interest in Research at Henry Ford Health. Please complete the document below and send to undergraduatemedicaleducation@hfhs.org along with your current CV. Please note the following:

- We only accept applications from current students enrolled in a medical school in the United States.
- If you are a WSU-SOM student enrolled in a research elective, please do not use this form. Instead, contact your school for further direction.
- If you are a WSU-SOM or MSU-CHM base student in your 3rd or 4th, please do use this form. Contact undergraduatemedicaleducation@hfhs.org if you need assistance.
- All research through our site is voluntary and unpaid.

We process research applications two times during the year:

Due Date	Review Window	Notification Date
February 1	March	April 1
September 1	October	November 1

Name: _____

Anticipated Graduation Year: _____

Address: _____

Phone Number: _____

College E-mail: _____

Medical School and Location: _____

Has a physician(s) already agreed to work with you? YES NO

If yes, please complete the information below:

Physician Name(s): _____

Location: _____

Email: _____

Please list your top 3 areas of interest:

1. _____
2. _____
3. _____

Please provide the timeline you will be available to participate in research:

Month/Year _____ to Month/Year _____

Circle the days you are available and list times:

- | | |
|---|--|
| <input type="checkbox"/> Monday: _____ | <input type="checkbox"/> Friday: _____ |
| <input type="checkbox"/> Tuesday: _____ | <input type="checkbox"/> Saturday: _____ |
| <input type="checkbox"/> Wednesday: _____ | <input type="checkbox"/> Sunday: _____ |
| <input type="checkbox"/> Thursday: _____ | |

Please provide a short description of your research experiences:
