

REMS APPLICATION

Personal Information

| | | |
|---|-----|------|
| Name (Last, First, Middle) | | |
| E-mail | | |
| Incoming class | MSI | MSII |
| Have you participated in the REMS program before? | Yes | No |
| Have you any prior research experience? | Yes | No |

Research/Training Environment

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|---|
| Name of REMS research advisor: Title: E-mail: Telephone: |
| College/university/hospital: Department: |
| Mailing address of host research laboratory (if off campus): |
| Title of research project |
| Description of proposed study |