

All students must provide the REMS application below to the REMS Director 2-months before the start of the elective period.

REMS (Research Experience for Medical Students) APPLICATION

for the UNIVERSITY OF NORTH DAKOTA

SCHOOL OF MEDICINE AND HEALTH SCIENCES

Personal Information

Name (Last, First, Middle)
Email
Incoming class <input type="checkbox"/> MSI <input type="checkbox"/> MSII <input type="checkbox"/>
Have you participated in the REMS II program before? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you participate in REMS-I? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you any prior research experience? Yes <input type="checkbox"/> No <input type="checkbox"/>

Research/Training Environment

Name of REMS Research Advisor: Title: Email: Telephone:
College/University/Hospital: Department:
Mailing Address of Host Research Laboratory (if off campus):
Title of Research Project

Description of Proposed Study

**** Please note that an email from the Research Advisor stating an agreement to work with the student for 8-weeks must be emailed to the REMS Director 2-months before the start of the elective period.***