

# Alpert Medical School SUMMER RESEARCH

**A FACULTY MEMBER MAY SPONSOR ONLY ONE STUDENT PER SUMMER  
DEADLINE FOR APPLICATION: MONDAY, FEBRUARY 18, 2008**

FACULTY SPONSOR/MENTOR	
Name:	
Department:	
Box #	Phone #
Email:	
IRB APPROVAL ATTACHED?	

STUDENT NOMINEE	
Name:	
PLME or MD Student:	
Graduation Year:	
Email:	

**APPLYING FOR (check one)**

- Summer Research Assistantship–Biomedical Sciences (PLME students only) (SRA)\*
- Summer Research Assistantship–Emergency Medicine (SRA–EM)

**Guidelines for Faculty Sponsor/Mentor Letter**

On a separate sheet of paper, your letter of support for the student should include a brief evaluation of the project, a formal statement that the necessary space, equipment and supplies will be available, and arrangements have been made to provide the student with faculty guidance and supervision. *Please discuss with the student the expected hours that you will require the student to work if the hours are outside the normal workday schedule.*

**Student Mentorship**

The Summer Research Assistantship/Fellowship provides an excellent opportunity for faculty–student mentorship. Provide the committee with details of your plan for meetings with the student, how often you will meet, when, and where.

*Establishing a positive mentoring relationship is very much like establishing other valued human relationships in a number of respects. Both parties usually have a genuine desire to understand the values and expectations of the other person, and to respect and become sensitive to one another's feelings and needs.*

*At the same time, mentoring relationships differ in an important way from other personal relationships because they are professional in nature. Mentors are responsible for conveying and upholding the standards, norms, and values of the profession. They are responsible for offering support and challenge to the recipient of their mentoring while the recipient strives to fulfill the profession's expectations.*

*Healthy mentoring relationships are evolutionary rather than static in nature. They change because the purpose of the relationship is to enable the recipient to acquire new knowledge, skill, and standards of professional competence. The perceptions of both members of the relationship evolve as the recipient's performance evolves to new levels of competence under the mentor's guidance and support.*

**\*COMPLETE FOR SRA (not required for SRA–EM)**

*DEPARTMENTAL AUTHORIZATION. Applications for SRAs will not be accepted without the authorization of the department. The _____ department agrees to contribute \$500 towards the support of this SRA.	
<input type="checkbox"/> Department contribution will be from a federal research grant. (Please note department contributions cannot come from federal research grants unless they are specified in the grant.)	Acct. Name _____ # _____
<input type="checkbox"/> Department contribution will be from another grant.	Acct. Name _____ # _____
<input type="checkbox"/> Department contribution will be from a departmental account.	Acct. Name _____ # _____
<b>SIGNATURE OF DEPARTMENT CHAIR:</b>	Date:

SIGNATURE OF FACULTY SPONSOR/MENTOR: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH THIS COVER PAGE TO YOUR FACULTY SPONSOR/MENTOR LETTER**

Mail to: Ms. Joan Fullerton, Brown University, Box G-A124, Providence, RI 02912  
By February 18, 2008