

**Office of Undergraduate Medical Education  
SENIOR SCHOLARS PROGRAM APPLICATION  
AY 2017-2018**

**Date application submitted:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Senior Scholar Mentor:** \_\_\_\_\_  
*(\*for off-campus mentor, please provide contact information below)*

**\*Contact Info:** \_\_\_\_\_  
**(Address)** \_\_\_\_\_ **(Telephone)** \_\_\_\_\_  
**(Email Address)** \_\_\_\_\_

**Clinical rotations to complete department requirement:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Title of Senior Scholars project:** \_\_\_\_\_

**Brief description/objectives of project:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Anticipated forum for presentation of project findings:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Proposed interval of mentor-mentee meetings during the fourth year:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of project mentor(s):** \_\_\_\_\_

**Print name of project mentor(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please send completed copy of this form by email to [lilibeth.cortez@umassmed.edu](mailto:lilibeth.cortez@umassmed.edu) or return the application to the Office of Undergraduate Medical Education, S1-160.

**NOTE: Senior Scholars Poster Presentation Day has been scheduled for Wednesday, May 2<sup>nd</sup> (afternoon). This is a requirement of the Senior Scholars Program.**

**To receive credit for this elective, you must complete an elective form for EACH month of Senior Scholars. Forms should be submitted to Judy Savageau ([judith.savageau@umassmed.edu](mailto:judith.savageau@umassmed.edu)) who will sign them and submit electronically to: [electives@umassmed.edu](mailto:electives@umassmed.edu).**