Mallinckrodt Institute of Radiology Summer Research Program
Washington University School of Medicine

Application Deadline: Monday February 13th, 2017 for Summer 2017

Full Name: __________________________

Current Address:
________________________________________________________________________
________________________________________________________________________

Current phone number: ______________

Permanent Address:
________________________________________________________________________
________________________________________________________________________

Phone number where you can be reached from mid-February to March 2017: ___________

E-mail address: _______________________

Can you work in the United States? _____ Yes _____ No
(Please note that Washington University will not sponsor visas for this program)

Undergraduate Education
School: ____________________________ Years: ______ to: _______ Location: __________________________

Major: ___________________ Degree(s) and year(s) when obtained/expected: __________________________

Overall GPA: __________

Other Undergraduate Education
School: ____________________________ Years: ______ to: _______ Location: __________________________

Major: ___________________ Degree(s) and year(s) when obtained/expected: __________________________

Overall GPA: __________

Graduate or Medical Education (for current medical students only)
School: ____________________________ Years: ______ to: _______ Location: __________________________

Major: ___________________ Degree(s) and year(s) when obtained/expected: __________________________

Other Graduate or Medical Education (for medical students only)
School: ____________________________ Years: ______ to: _______ Location: __________________________

Major: ___________________ Degree(s) and year(s) when obtained/expected: __________________________

Honors/Awards:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
MIR Summer Research Program Application

Please look through the 2017 MIR Summer Research Participating Faculty list (found on the MIR Summer Research Program website: https://www.mir.wustl.edu/research/summer-research-program) and choose three faculty members who are conducting research that interests you. Information on current research can be found on the home pages of the seven MIR Research Laboratories: https://www.mir.wustl.edu/research/research-laboratories Each faculty member’s lab affiliation is indicated on the 2017 Participating Faculty List. Additional information on individual faculty members may be found in the respective People menus of the MIR Research Lab websites: https://www.mir.wustl.edu/research/research-laboratories

List up to three faculty members in order of preference (1 = highest preference):

1. _______________________

2. _______________________

3. _______________________


Note: Prior to submitting the application, please contact at least one of your top choices for faculty mentors. Talk with them about their research and whether they would be interested in having you work with them as an MIR summer research fellow.

1. Describe your research interests in Radiological Sciences, and how you would benefit from participation in this summer program. Explain, how does this program aligns with your long-term academic goals?

2. Of the three faculty that you have listed, please describe factors that guided you to select a particular faculty member, ranked as your first choice.
Name: ____________________________________

Prior Research Experience (if any):
Location: ____________________________________
Dates: ___________________
Mentor: ____________________________
Project title: ____________________________________

Location: ____________________________________
Dates: ___________________
Mentor: ____________________________
Project title: ____________________________________

Publications and/or presentations:
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________

The information I have given in this application is correct to my knowledge.

__________________________________________  _______________________
Name                                      Date
Please return your completed application, official transcripts from all undergraduate schools (and medical school if applicable), and two letters of recommendation. Undergraduate transcripts should contain cumulative GPAs.

Email all materials to:
Kayla Corman  
ICCE Institute  
Washington University School of Medicine, Campus Box 8069  
BJC Institute of Health  
425 S. Euclid, Suite 7614  
St. Louis, MO 63110-1093

e-mail: kayla.corman@wustl.edu

For program specific questions, please contact: Dr. Vijay Sharma, Professor of Radiology, Neurology, and Biomedical Engineering; Email: sharmav@wustl.edu

All materials must be post-marked by Monday, February 13th 2017. Material may be sent in separate envelopes when necessary. Signed Applications and copies of transcripts can be emailed directly to Kayla Corman. Letters of recommendation should be in sealed envelopes or emailed directly to Kayla Corman from the recommender on institutional letterhead. For medical students, letters can be emailed from undergraduate faculty or advisers. When mailing, please submit a single-sided application, do not print it double-sided.

Only complete applications will be submitted to the Selection Committee.

See [https://www.mir.wustl.edu/research/summer-research-program](https://www.mir.wustl.edu/research/summer-research-program) for additional information.

**Other helpful information about the Summer Research Program:**
The start date for this program is flexible; you may start anytime between May 23 and June 6.

This is a 10-week program based on approximately 40 hours per week.

You will be paid a stipend totaling $5,000. You will receive a check in June for $2,500 and a check in July for $2500. This position is a temporary position paid via a stipend and is not benefit-eligible. There will be no taxes pulled out of your checks and you will receive a 1099 form at the end of the year.

If you need local housing, a popular location is Olin Hall (the medical school dormitory), located on the medical school campus. The available dates for housing in Olin are from May 22 and August 1st. The price is approx $1466.00 for a small single room and $1800.00 for a large single room for the full ten weeks.

As a representative of the MIR Summer Research Program, you will be expected to comply with all applicable policies of Washington University and its School of Medicine and comply with all training requirements necessary for your lab or section including HIPAA. Washington University is committed to maintaining a safe and healthful environment for members of the University community by promoting a drug-free environment as well as one free of the abuse of alcohol. It is a requirement of the University for all new employees to have a tuberculosis skin test performed upon employment. This is made available at no cost.

There will be planned social activities for all Summer Researchers at Washington University throughout the summer. You may purchase a Metro Link Train Pass for public transportation or you may purchase a parking pass.

Good Luck!!