

FACULTY MENTOR APPLICATION

* **Deadline: February 15th**

Please complete research project description

Name of mentor: _____

Mentor Title: _____

Department: _____

Division: _____

Email: _____

Administrative assistant & contact info.: _____

Duration of project (months, years): _____

Project Title: _____

Brief project overview: _____

Keywords: _____

Have you mentored medical students or residents in the past?

Yes _____ No _____

If yes, please attach a listing to this application of those residents you have mentored in the last 5 years, their funding sources, and any publications that you have authored with them.

Are you currently a funded Principle Investigator (PI)?

Yes _____ No _____

Can/will you commit the time to mentor residents, weekly meetings to discuss progress?

Yes _____ No _____

Does the proposed project involve patients or patient information?

Yes _____ No _____

For more information, please contact:

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