Schulich Research Opportunity Program
STAGE 1 - Application Form

This application form is to be completed by student and supervisor. Consideration will be given to only one application per student and supervisor.

Name of Student: ________________________________ Meds Year: __________
Email address: _________________________________@meds.uwo.ca

Name of Supervisor: _______________________________
Department: _________________________________
Email address: _________________________________

Proposed Project Title: ________________________________

Project Summary - general description of area of research (½ page maximum).

Student Statement - explain why this project was chosen and the relevancy of doing this research in the student’s career (½ page maximum)

Signature of Student: _________________________________
Signature of Supervisor: _________________________________

Completed application is to be returned by February 11, 2019 via email to:
Stacey Bastien, Program Administrator
Email: srop-srtp@schulich.uwo.ca