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 12, 2018 via email to:
Stacey Bastien, Administrative Assistant
Email: srop-srtp@schulich.uwo.ca