

Research position availability form

Dear researcher,
Please fill in this form to inform medical students and residents of research positions that are available in your department. The interested individual will contact the person that you name at the bottom of the page. Please type in the entry fields and submit the form electronically to:
mcgresearch@gmail.com

Name of principal investigator:
Department:

Part 1: Description of research

Type of research or project (check all that apply):

- Basic science/ laboratory research Clinical research
 Case write-up Other (please describe):

Brief description of research project:

Part 2: Who should apply

Position to be filled by (check all that apply):

- First or second year medical student Third or fourth year medical student
 Resident Fellow Other (please describe):

Special skills required:

Part 3: Length of project and funding

Projected start and end dates: Hours per week:

Intended project length (check all that apply):

- Summer project (such as Dean's Summer Research Fellowship)
 4 week research elective
 Ongoing, throughout the year
 Other (please list number of weeks)

Check one:

- Funding provided (enter amount):
 This position is not funded

Part 4: Final information

Please list any other relevant information:

Contact person:

Email or phone number:

Deadline for application: