UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

Office of Student Research
655 West Baltimore Street (M-019)
Baltimore, MD 21201-1559
410 706 3026/3560
http://medschool.umaryland.edu/osr

MENTOR DECLARATION

If this project is funded, I agree to mentor and provide DIRECT supervision of _____ and this research project for the period _____ to _____. Additionally,:

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- I have carefully reviewed this application and certify that it constitutes a realistic and potentially beneficial short-term research experience.

- I understand that the program does not provide for supplies. I will, therefore, make adequate arrangements for the provision and availability of any necessary supplies, resources and facilities.
  ___ I can contribute _____% or $_____ toward the funding of this project.
  (Check only if applicable)

- I hereby certify that this project will meet the necessary regulations and/or ethical standards in the following relevant areas:

  ___ human subjects (protocol review number _____)

  ___ animal welfare (protocol review number _____)

  ___ hazardous materials

A copy of the current approval letter from the IACUC or IRB must be attached in an email along with this document. If the application is approved, I agree to add the student's name to the existing protocol. If, however, the protocol does not cover the student's proposed research, I agree to submit a new or amended proposal.

- I agree to provide the Program with a written evaluation of this student's performance within 30 days of completion of the student's project on a form to be provided.

Date: _____

Name: _____

Title: _____

Department/Division: _____

Institution: _____

Telephone No.: _____

Email: _____

Submit via institutional email to studentresearch@som.umaryland.edu