

Name _____

Date _____

Medical Student Summer Research Program
American Heart Association Fellowship Questionnaire

1. Why are you interested in the research project you chose to study for the summer?

2. List any prior research experience(s) you have had. If you have no prior research experience, list none.

3. List professional memberships and/or academic honors you have received.

4. List any publications and scientific presentations you have made.

Send completed form to: Dr. Samuel J. Strada
Dean
University of South Alabama
College of Medicine
CSAB 170
Mobile, AL 36688-0002
Fax #: 251-460-6073

APPLICATION DEADLINE IS MAY 1, 2009