



**Herbert Wertheim
College of Medicine**

Application for 2021 HWCOM Summer Research Fellowship Program

Name of Student: _____ PantherID _____

Student's Telephone: _____ Email of Student: _____

Faculty Mentor: _____

Date Student to Begin Research: _____ Estimated duration: _____

Estimated Hours per week: _____ Location of Research: _____

Title of Project: _____

Description of Work to be performed: _____

APPROVALS

Faculty Mentor: _____

Faculty Mentor Telephone _____ Email: _____

I will ensure that proper training, personal protective equipment and safety information is provided to the student before assignment of any task, that appropriate consideration has been given to security issues associated with this assignment, and that the student is supervised at all times in the laboratory.

Faculty Mentor Signature: _____ Date: _____

DEPARTMENT APPROVAL

I have reviewed the application and authorize the student to work on the above referenced project.

Name of Department Chair: _____

Signature: _____ Date: _____