



# Student Research Information Form

**Student Name: Last, First, Middle**

**Date of Request**

**Year of Graduation**

**E-mail**

**Gender**

**Phone number**

**Docent name**

**Docent unit**

**When can you start?**

**Type of research?**

- Bench/Basic Science Research
- Clinical Research
- Quality improvement and Patient Safety
- Summer or Year-Long Extramural Research Program

Area of interest or project you intend to join, mentor name (if known), location of research, and projected end date:

All UMKC School of Medicine students considering participating in research must:

1. Complete and submit this form to the Office of Research Administration (ORA).
2. Be academically approved by SOM Student Affairs Office (ORA will obtain this info).
3. Complete applicable [CITI training](#) and comply with requirements of compliance committees (e.g., UMKC IRB, IACUC, etc.)
  - a. Human studies - **CITI Group1 Biomedical Investigator**
  - b. Bench/Lab research - **CITI training for Investigators, Students, and Staff Handling Biohazards**

Submission of this form indicates that you have read and understand the above 3 requirements

Please attach your resume to this form