



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 & 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) at somresearch@umkc.edu.
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