



# Student Research Information Form

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

**Date of Request**

**Year of Graduation**

**E-mail**

**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 activities must:**

1. Complete and submit this form to the Dept. of [Biomedical Sciences](#).
2. Be academically approved by SOM Student Affairs Office (Biomedical Sciences will check this).
3. Complete applicable [CITI research training](#) and comply with requirements of Compliance committees (e.g., UMKC Institutional Review Board (IRB), or hospital affiliate IRB, UMKC Biosafety committee, etc.)
  - a. Human research activities - [CITI Group1 Biomedical Investigator](#)
  - b. Bench/Lab research - [CITI course Investigators, Students, and Staff Handling Biohazards](#) and the [Biosafety](#) course.

Submission of this form indicates that you have read and comply with the above three requirements.

**Submit Research Form and your CV/resume to Ms. Cheryl Jones in BMS: [jonescheryl@umkc.edu](mailto:jonescheryl@umkc.edu)**