**Student Name:**

**Current Student Year:**

**Anticipated Graduation Year:**

**Attach a Resume.**

**Please provide two letters of reference from your research mentors or equivalent individual that can address your research efforts and success.**

**Mentor 1: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email\_\_\_\_\_\_\_\_\_\_\_\_\_address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mentor 2: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email\_\_\_\_\_\_\_\_\_\_\_\_\_address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In one page or less summarize why you should be selected for the Digital Wall of Fame:**

**List of Scholarly Activity**

**List the research Publications, Abstracts, Presentations, and Award(s) that you have received in the last year, in reverse chronological order. For each award include:**

1. Research Mentor:
2. Mentor’s Address:
3. Title of project:
4. Briefly summarize your role in the project:
5. List your research scholarly achievements using the following format for manuscripts, abstracts, meeting presentations and awards

Example: **Smith JR**, Williams S, Lankachandra T. Changes in blood troponin levels after intense exercise in patients with previous myocardial infarction. *Journal of Medical Practice*. 12: 293-298, 2021.

**Your name in BOLD**

**Paper Publications:** Authors last name, first name initials, title of publication, Journal, Date, Volume and page numbers. ID numbers. Insert a link to the publication if possible or attach a PDF.

**Abstracts:** Author last name, first name, title of abstract, volume and page numbers. Meeting title, meeting location (list virtual or on site), date. Attach a PDF of the abstract.

**Presentations:** List author last name, first name, title of talk, meeting title, meeting location (list virtual or on site), date.

**Awards:** list type of award, your place (first, second, third, most outstanding, etc.) awarding agency, location, date.

**List of Scholarly Activity**

***Peer Reviewed Publications:***

***1.***

***2.***

***3.***

***Abstracts:***

***1.***

***2.***

***3.***

***Meeting Presentations:***

***1.***

***2.***

***3.***

***Awards:***

***1.***

***2.***

***3***

***Return completed form and for Questions Contact:***

***Dr. Monaghan Nichols at 816-235-6663 or*** [***nicholsap@umsystem.edu***](mailto:nicholsap@umsystem.edu)