Mentor Form on Student Research Participation

Name of Research Mentor:__________________________________________________________

Title of Mentor: __________________________________________________________________

Institution/Department/Site:__________________________________________________________

Student Name: ___________________________ UM ID#: ___________________________

Dates of Participation

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Hours per Week</th>
<th>Total Hours</th>
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Description of project, student’s role in research and contribution:
_____________________________________________________________________________
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Signature of Mentor       Date
________________________________________________   _______________

Return Completed Form to:  Office of Pre-Health Advising and Mentoring
Ungar Building, Suite 103
prehealth@miami.edu

For Office Use
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Date Received