

**Summer Undergraduate Research Award (SURA)**  
**STEP 1: Identify Potential Supervisors**  
**Supervisor Application Form (Medical Students)**

Below is the procedure for applying to work with medical students for the SURA program:

1. Faculty interested in having a **1<sup>st</sup> or 2<sup>nd</sup> year medical student** participate in a research project will need to submit this Supervisor Application Form (Medical Students) by **February 7, 2024**.
2. Please note this is a *preliminary step* to identify supervisors and allocate funds for this program. Due to a possible funding constraint, we will be accepting applications from all Faculty of Medicine members to supervise students, but preference will be given to full-time faculty if funds will not cover all research projects. All Medicine faculty members are still strongly encouraged to apply.
3. This program is only open to Memorial University students. Students will be permitted to submit one application with one faculty member.
4. Students and supervisors will work together to prepare a SURA Application (Medical Students) in Step 2. The deadline for submission of applications to the Office of Research & Graduate Studies will be **March 6, 2024**.
5. If you have a student already identified, you may notify me directly to remove your name from the Supervisor Contact Information sheet that will be circulated during Step 2.

This information will be made available to 1<sup>st</sup> and 2<sup>nd</sup> year medical students who are seeking a summer research opportunity. Faculty members must complete this form to be eligible to participate in the SURA program. For more information on this program or to retrieve forms, please visit: <https://www.mun.ca/medicine/research/research-and-graduate-studies/sura/>

**Deadline for receipt of this Supervisor Application Form (Medical Students)**  
**February 7<sup>th</sup>, 2024**

Submit via e-mail to [rgsfunding@mun.ca](mailto:rgsfunding@mun.ca)

**Summer Undergraduate Research Award (SURA)**  
**STEP 1: Identify Potential Supervisors**  
**Supervisor Application Form (Medical Students)**

**Supervisor Contact Information**

Name:

Discipline or Division:

Telephone number:

Email:

**Research Information**

Research area:

Will your research project require any clearances (i.e. ethics, animal care or biohazard)?

Yes

No

**Project Information** *(that you wish to highlight to potential student applicants – please be as brief as possible)*

**Please select one of the following 2 options:**

Yes, I would like my contact information circulated to students

No, do not circulate my information. I have a student chosen already:

Student Name:

Student Number:

*Note: identified students must still submit an application during Step 2*