

Summer Undergraduate Research Award (SURA)

STEP 2: Student Application

Non-Medical Students

This application is for **Non-Medical Students** to work on a research project funded through the Summer Undergraduate Research Award (SURA) program, Research & Graduate Studies, Faculty of Medicine.

1. Students and supervisors will work together to prepare the application. The deadline for submission to the Office of Research & Graduate Studies is **March 6th, 2024**. Both the supervisor and the student must be clearly identified on the application, including current email addresses. It is the responsibility of the student to contact potential supervisors directly.
2. In addition to the title and description of the project, there must be a clear indication of the student's role.
3. It is the responsibility of the supervisor to ensure all required clearances (i.e. HREB, ICHER, IACC, BioSafety, etc.) are in place. For projects where clearances are pending or in progress, you may not commence any work that requires clearance until approval has been received and forwarded to our office.
4. Supervisors interested in more than one student must indicate their order of preference. **Please note that students are only permitted to submit one application.**
5. Student must have a minimum 2nd class standing (average grade of B or above) in their last 20 courses at the time of accepting the award.
6. All students working in laboratories at Memorial University are required to complete the **Lab Safety (SC1807)** and **WHMIS (SC1808)** courses offered on-line the [Centre for Innovation in Teaching and Learning \(CITL\)](#). Depending on where you will work, you may require **radiation safety** or **radiation safety awareness** (if working in an authorized radiation lab) and/or **biosafety** (if the lab is an authorized biohazard lab).

For more information, please visit: https://www.mun.ca/health_safety/health-and-safety-training/

Deadline for completed applications is no later than **March 6th, 2024**

LATE APPLICATIONS WILL NOT BE ACCEPTED

Submit via e-mail to rgsfunding@mun.ca

For further information, please visit us at:

<https://www.mun.ca/medicine/research/research-and-graduate-studies/sura/>

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SUPERVISOR INFORMATION

Name:

MUN Email Address:

STUDENT INFORMATION

Name:

MUN Student #:

MUN E-mail Address:

PROJECT INFORMATION

Site/Room # where research will be conducted:

Title of project:

Will the student have direct contact with patients? Yes No

Will the student have direct contact with confidential patient information? Yes No

Personal Health Information Act (PHIA) completed? Yes No

Ethics approval required for project? Yes No

If yes, HREB # or ICEHR#: _____

Animal care approval for project? Yes No

If yes, Institutional Animal Care Committee (IACC) #: _____

BioSafety approval for project? Yes No

If yes, BioSafety certificate #: _____

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SUPERVISOR SECTION

Role of the student

Description of project

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STUDENT SECTION

Research experience

Essay stating why you wish to participate in the program and your motivations towards research