Application to enroll in Biomedical Research Rotation MEDS3030

In order to enroll in Biomedical Research Rotation MEDS3030, you must send this form to Ms Michele Glassmeyer Medical Sciences Baccalaureate Program, Email: [glassmme@ucmail.uc.edu](mailto:glassmme@ucmail.uc.edu) by the deadline indicated in the syllabus or on the webpage at <https://med.uc.edu/education/undergraduate-education/undergraduate-program-in-medical-sciences/undergraduate-courses/3030-biomedical-research-rotation>. It is not necessary that you confirm your lab placement details at the time you submit this form (see the syllabus for the deadline for confirming your lab placement). Once approved, you will receive notification that you may enroll in the course.

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| --- | --- | --- | --- | --- | --- | --- |
| 1 | Your name |  | | | | |
| 2 | Your email |  | | @mail.uc.edu | | |
| 3 | For which semester would you like to enroll in MEDS3030? | | | | Choose an item. | |
| 4 | Have you reviewed the syllabus and schedule for MEDS3030 for the semester you selected in question 3? | | | | Choose an item. | |
| If you answered ‘No’, STOP and go back to the course webpage (see above) to download and read the syllabus and schedule. If you answered ‘Yes’, go to question 5. | | | | | |
| 5 | About you | | | | | |
| What is your major? | Are you in the MEDS minor? | Your class standing and year in the semester in which you plan to enroll in MEDS3030 | | | |
| Choose an item. | Choose an item. | Choose an item. | | | Choose an item. |
| 6 | Have you secured a research lab placement for the semester you selected in question 3? | | Choose an item. | | | |
| If you answered ‘No’, please contact the course director to request assistance then go to question 8. If you answered ‘Yes’, go to question 7. | | | | | |
| 7 | Please provide the following details about your research lab placement (if available) | | | | | |
| Faculty (PI) research mentor | |  | | | |
| Faculty (PI) mentor’s email address | |  | | | |
| Secondary lab mentor (postdoc or graduate student), if applicable | |  | | | |
| Secondary lab mentor’s email address | |  | | | |
| Research field or topic (not a specific project) | |  | | | |
| 8 | Can your project be conducted partly or wholly in silico (i.e. computational analysis, model simulations, data mining etc)? Ask your faculty research mentor to assist you in answering this question. | | | | | Choose an item. |
| 9 | Will the research you perform in the semester you selected in question 2 count towards any other program (e.g. RaMP)? | | | | | Choose an item. |
| 10 | Will you receive an hourly wage or stipend for the research you will perform in the semester you selected in question 2? | | | | | Choose an item. |
| 11 | For how many credit hours do you plan to enroll in MEDS3030? Generally, you will enroll in 3 or 4 credit hours. If this is your first time enrolling in MEDS3030, you must enroll in at least 3 credit hours. If you answer 2, 5, or 6 credit hours, you must provide further details and justification for your request to be considered. | | Choose an item. | | | |
| Details/justification for 2, 5, or 6 credit hours: | | | |