**STUDENT TESTIMONIAL FORM – For Deans Scholarship Student OLNY**

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| **The Dean’s International Research Scholarship Student Testimonial****School of Medicine** |
| **Name:** |  | **Name:** |
| **Student Number:** |  |  |
| **Email:** |  |  |
| **Location/Institution:** |  |  |
| **Dates of SSRA 2024****(dd/mm/yyyy-dd/mm/yyyy):** |  |  |
| **Total weeks duration of****research:** |  |  |
| **Title of Project:** |  |  |
| **Primary Supervisor:** |  |  |
| **Co-Supervisor:** |  |  |
| **Details of Accommodation****during your elective:** |  |  |
| **Attach photos of:**1. **Institution**
2. **Laboratory**
3. **You in laboratory/research setting**
4. **Your supervisor/group you worked with**
5. **Other**
 |
| **Describe your experience (max. 200 words)** |
|  |
| **1 line quote of your experience: “…”** |
|  |
| **What was the most interesting thing you learnt about research in your experience?** |
|  |
| **Student Signature:** |  |
| **Date:** |  |