**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:** |  | | |