

SSRA Student Project Application Form 2021

UCD SCHOOL OF MEDICINE

Summer Student Research Elective /Summer Student Research 2021

This is the form that you must complete if you are interested in undertaking SSRA for either 5 credits OR Audit.

PLEASE SEND THIS FORM DIRECTLY TO YOUR CHOSEN SUPERVISOR (S) AND ALSO cc TO ssra@ucd.ie

IN THE HEADER OF THE E-MAIL, PLEASE PUT:

SSRA 2021- YOUR NAME-PROJECT NUMBER

e.g. SSRA 2021 AMANDA MCCANN PROJECT 10

Name:- BLOCK CAPITALS

Student No:-

Address:-
(Term)

(Home):-

Contact Tel No:-

UCD E-mail address:-

Course:-

Current Stage:-

TICK HERE IF YOU ARE availing of the 5 Credits for this research Elective
[MDSA 30280 \[SSRA Research Elective I\]](#)

TICK HERE IF YOU ARE NOT TAKING CREDITS FOR THIS RESEARCH ELECTIVE.

NB:-You must check with the Programme Office before completing the section above as to your eligibility to take credits for this research elective.

Have you undertaken a summer research 8 week project previously in UCD School of Medicine (SoM)?

(Note:- Not mandatory for application)

PLEASE TICK AS APPROPRIATE

Yes

No

If Yes, please give the below details:-

Title of Project:-

Supervisor e-mail:-

If this research was credited, what was your final result Fail/ Pass/ Distinction?

PLEASE TICK AS APPROPRIATE

Pass Distinction Fail

What previous experience do you have in research?

(Not mandatory that you have this experience!)

PLEASE TICK AS APPROPRIATE

None

Some Experience

Details of Laboratory based Research Techniques you have experience in.

-
-
-
-
-
-

Academic Record to-Date:

Specify COURSE:-	GPA or equivalent
Stage 1	
Stage 2	
Stage 3	
Stage 4	
Stage 5	

For Graduate Entry Medicine (GEM) Students

- Primary Degree:-
- Award of Degree:-
- What year was your primary degree awarded?
- Relevant work experience.

Please give the TITLE and the e-mail address of the Principle and Co-Supervisor of the project you would be interested in.

Project Title:- _____

Email:-Principle Supervisor *e-mail:-* _____

Email:-Principle Co- Supervisor *e-mail:-* _____

In **100 words** maximum, give reasons why you should be selected to undertake this summer research project.

Signature of Applicant:- _____

Date:- _____

Please **TICK** if you would like to be contacted after your SSRA 2021 research with SSRA related material.

e.g. Further Abstract publications.

PLEASE TICK IF APPROPRIATE:

Yes, please contact me via student email with relevant SSRA material after the final submission of my SSRA 2021 research
