

# APPLICATION FORM

## ORP-Sponsored Campuswide Undergraduate Student- Initiated Original Research Program Application deadline: March 2nd, 2026

**TYPE OR PRINT LEGIBLY IN BLACK INK** (Please complete ALL blanks and print for legibility).

NAME (FIRST, MIDDLE, LAST):	STUDENT ID#
E-MAIL (PLEASE PRINT)	CELL PHONE
AFFILIATED COLLEGE/MAJOR	LEVEL/CLASS YEAR

Submit this form and a document that contains the following sections.

**A. CAREER GOALS**

**B. PREVIOUS RESEARCH PROJECTS** (list only title/mentor/year)

**C. ORIGINAL RESEARCH QUESTION FOR YOUR PROPOSAL** (Must pose as question & not to exceed 15 words):

**D. PROJECT PROPOSAL - 3 PAGE LIMIT** (double-spaced, 1" margins) TO INCLUDE:

- ☐ 1. Background/Rationale
- ☐ 2. Materials and Methods
- ☐ 3. Analysis
- ☐ 4. Expected outcomes/deliverables
- ☐ 5. Significance
- ☐ 6. Timeline with Milestones

**E. BUDGET** (both \$1000 and \$1500 limit):

Categories - stipend/salary, travel, supplies, equipment, other

**Mentor (Name, Affiliation):**

I agree to mentor this student through the duration of this student-generated original project. This is not part of my own ongoing research, or if related directly to my own research I attest to the fact that the student is contributing at least 75% or more of original work toward end result and idea/question.

**Signed (type full name or sign):**

**Student agreement:**

I agree to present at the Spring 2027 Forum and participate in the program's Questionarium (on-campus gathering to share research and other questions, date TBD) activity:

**Signed (type full name or sign):**

SUBMIT APPLICATION TO:

**Neal Barnett, Program Manager** Medical Student Research Program -  
University of Arizona - College of Medicine  
P.O. Box 245200, Room 4402K, Tucson, Arizona 85724  
E-mail: [msrp@surgery.arizona.edu](mailto:msrp@surgery.arizona.edu)  
Website: <https://msrp.medicine.arizona.edu/news/2026/orp-sponsored-campuswide-undergraduate-student-initiated-original-research-program>