



Applicant / Mentor Information & Agreement Form

Applicant Name: _____

Applicant Phone: _____ Applicant Email: _____

Name of University or School: _____

Department/Program: _____

Title of Research Project: _____

Status:

- Undergraduate Student
- Graduate or Professional Student (eg, MS, MPH, PhD, PharmD, MD, DNP)
- Post Doctorate, Resident, Fellow
- Other: _____

A mentor or faculty advisor must attest to the student's work and provide final approval of the submitted article. The advisor certifies that the student contributed substantially to: (1) the conception and design or analysis and interpretation of the data, and (2) the drafting of the manuscript.

Name of Faculty Advisor: _____

Advisor Email: _____ Advisor Phone: _____

Signatures: I certify that the information provided is accurate and complete.

Applicant Signature

Advisor Signature

Date

Date