



Medical Student Research Project

Exemption Request Submission Form

STUDENT NAME:

CLASS:

Mailbox:

E-mail address:

Cell phone number:

Research Adviser's name & degree:

Adviser's institution and address:

Adviser's e-mail address:

Adviser's phone number:

PROJECT TITLE:

The written document is:

A Thesis

- Senior Thesis
- Honors Thesis
- Masters Thesis
- Doctoral Dissertation

A Published Paper

- Work done as volunteer
- Work done as employment
- Other (please describe)

Please attach a copy of the thesis (the thesis will be returned) or published paper.

If you are submitting a published paper on which you are NOT the first author, please attach your COM MSR report.

I attest that my contribution to this project is described accurately, and that my MSR report was written entirely by me.

Student's Signature

Printed Name

Date