

Medical Student Research Project

Final Report Submission Form

STUDENT NAME:

CLASS:

Mailbox:

E-mail address:

Cell phone number:

Research Advisor:

Advisor's Mailcode (if PSU) or address:

Advisor's Department:

Advisors's e-mail address:

Advisors's Phone number :

PROJECT TITLE:

Please attach your COM MSR report. Your report must include the following sections:

Abstract

Hypothesis

Introduction (containing a statement of the problem and background information)

Specific Aims/Objectives to test the hypothesis

Methods/Subjects

Results

Conclusion(s)

Discussion

References

This MSR project was in:

- Basic Science
- Clinical Science

I attest that my contribution to this project is described accurately, and that my MSR report was written entirely by me, and not copied from my advisers work or any other source.

Student's Signature

Printed Name

Date