



Academic Scholars Project (ASP) Final Paper

Please complete this form, then print and sign at the bottom. Email the completed form to AMS-Records@brown.edu.

Student Information (Please fill out below):

First Name: _____ Last Name: _____

MD Class: _____ Date: _____

Faculty Mentor Information (Please fill out below):

First Name: _____ Last Name: _____

Faculty Email Address: _____

Faculty Department/Institution: _____

Please submit a scientific paper that includes the following elements of your Academic Scholars Project: Introduction, Aim, Methods, Results, and Discussion. Please submit Final Paper four weeks prior to the end of your Time Away. Please sign and forward to your faculty mentor for approval and then forward to AMS-Records@brown.edu.

Please sign the appropriate fields below:

Student Signature

Date

Faculty Mentor Signature

Date

Associate Dean for Student Affairs Signature

Date

Senior Associate Dean for Medical Education Signature

Date