



**Academic Scholar Program (ASP) Application Form**

**Please complete this form, print and sign at the bottom, and have your faculty mentor sign it. Email the completed form to Associate Dean for Student Affairs.**

**Student Information:**  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
 Current MD Class: \_\_\_\_\_ Anticipated MD Class: \_\_\_\_\_ MD Start Date (Year): Fall \_\_\_\_\_

**Contact information while away from medical school:**  
 Home Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Will you be using Brown Health Services while on ASP status?**  
 Yes\*      No      (*If **yes**\*, a per semester health service fee will be charged to your student account*)

**Will you be engaged in any clinical work?**  
 Yes\*      No  
*(If **yes**\*, you will be expected to participate in all in-person compliance related trainings and will be able to maintain malpractice coverage for your clinical work during the ASP)*

**Requested Dates of Time Away**

*(Please note: Time away must coincide with the start and end date of a semester.)*

Years 1 and 2, Fall semester runs from August-December; Spring Semester runs from January-May  
 Years 3 and 4, Fall semester runs from May-October; Spring semester runs from November-April

ASP Starts:     Fall Semester     Spring Semester    of \_\_\_\_\_ (Enter the year – YYYY)

Length of ASP:     One Semester     Two Semesters

Have you previously been on ASP status?      Yes      No  
 If Yes, how many ASP semesters have you completed? \_\_\_\_\_

**ASP Project Information:**

Faculty Mentor Name: \_\_\_\_\_

Faculty Mentor Email Address: \_\_\_\_\_

Faculty Mentor Phone: \_\_\_\_\_

Institution where project will be located: \_\_\_\_\_



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**Please Note: Your Faculty Mentor must provide a signed letter of support for the proposed project prior to submission of this ASP application form.**

**Brown Human Subjects Research Attestation**

With my faculty mentor, I have reviewed the Brown Human Research Protection Program guidance on [research engagement](#).

- I attest that I am **not** engaged in Brown human subjects research activities.
- I attest that I am engaged in Brown human subjects research activities.

**Does my project need a Brown IRB review?**

If you are [engaged](#) in Brown human subjects research (this includes collecting information or biospecimens from living individuals through interaction or intervention; or collecting, using, analyzing, or generating identifiable, private information or biospecimens), approval by Brown's Institutional Review Board (IRB) **is required before you begin research activities**. You must provide Brown IRB approval with the ASP application.

**Title of Project:** \_\_\_\_\_

**Project Description:** *Describe your project.*

**Project Location:** *Where will the project be conducted?*

**Project Supervisor:** *Who will supervise you?*



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**Project Responsibilities:** *Describe your role and responsibilities.*

**Project Funding:** *Funding Source* (If this is externally funded research, please attach a letter of acceptance).

**Project Analysis:** *Describe the methods of data collection and analysis.*

**Project Outcomes:** *Describe the expected outcomes.*

**Career Goals:** *How does this project relate to your future career plans?*



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**Clinical Work Description:** *Describe the clinical work you will be engaged in during ASP.*

**I understand and agree to the following:**

- I will provide a signed letter of support from my Faculty Mentor at the time of submission of my ASP request form.
- I am eligible to receive one credit per semester, with a maximum of two credits for projects that last for a year or more.
- Failure to submit my ASP Progress Report and/or ASP Final Paper by the due date given in my ASP confirmation email may result in a grade of NC for the experience and/or a professionalism form.
- I must communicate any changes in start or end dates to [AMS-records@Brown.edu](mailto:AMS-records@Brown.edu) in writing 30 days prior to the expiration of my time away. I will be required to check my Brown Gmail account regularly and respond to requests for information about my time away status in a timely manner.
- All courses that I am registered for will be dropped from my schedule if they occur during my ASP. ● I will be required to stay up-to-date with all requirements that apply to active students.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ASP Faculty Mentor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean for Student Affairs Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Financial Aid Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senior Associate Dean for Medical Education Signature

\_\_\_\_\_  
Date