BROWN
Alpert Medical School

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:
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 enrolled in Brown's Student Health Insurance Plan (SHIP) while on ASP status?
    Yes   No, I have an approved waiver for SHIP

Requested Dates of Time Away

Please note: Time away must coincide with start and end date of a semester and must last for a minimum of one full semester. Students are allowed to be on ASP status for a maximum total of 4 semesters.
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: _____

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

Title of Project: _____

Project Description: *Describe your project.*

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

Project Supervisor: *Who will supervise you?*

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.*

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How does this project relate to your future career plans?

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Please read the following carefully before signing and submitting your form:

I understand and agree to the following:

- A signed letter of support from your Faculty Mentor must accompany this request form.
- Students on an approved ASP will receive one credit per semester, with a maximum of two credits for projects that last more than one year. Failure to submit an ASP Progress Report and/or ASP Final Paper by the due date given in your ASP confirmation email may result in a grade of NC for the experience and/or a professionalism form.
- Any changes in start or end dates must be communicated to AMS-records@Brown.edu in writing 30 days prior to the expiration of my time away. I agree to check my Brown Gmail account regularly and respond to requests for information about my time away status in a timely manner.

_____   _____
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