



## 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 enrolled in Brown's Student Health Insurance Plan (SHIP) while on ASP status?

Yes      No      (*I have an approved waiver for SHIP*)

### 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: \_\_\_\_\_



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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.**

### **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