



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.

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

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 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