**St. George’s University School of Veterinary Medicine**

**Application for the SGUSVM Island Veterinary Scholars Program (IVSP)**

**Summer 2020**

<http://www.sgu.edu/academic-programs/summer-short-term-programs/island-veterinary-scholars-program/>

 **Deadlines: Checklist for application:**

 Apply for IVSP (E-mail to dnecklescharles@sgu.edu) [ ] Cover page completed

 *before* ***February 28, 2020***

 [ ] Student letter of intent provided

 Confirm IVSP mentor

 *by* ***May 18, 2020*** [ ] Student research project summary provided

 Provide signed Scholar/Mentor contract [ ] Student curriculum vitae provided

 *before* ***May 18, 2020***

 [ ] Student transcript provided

 Start IVSP

 ***May 18, 2020*** [ ]  Mentor letter of support provided

 Attend IVSP Poster Day [ ]  Scholar/Mentor contract signed

 ***July 15, 2020*** (*upon acceptance into the program*)

**Part A: Cover Page**

**Student Information:**

Name (Last, First, Middle):

Degree(s):

Term of Veterinary School: Choose an item.

Previous Undergraduate/Graduate Institution(s):

E-mail:       Phone:

Current Cumulative GPA:       Undergraduate Cumulative GPA:

**Mentor Information:**

Name (Last, First, Middle):

Degree(s):

Position at SGU:

Department:

E-mail:       Phone:

**Title of Research Project:**

**IACUC/IRB Required?** Choose an item.

**IACUC/IRB Number:**



Applicant Name (Last, First, Middle):

**IVSP Application**

**Summer 2020**

**Part B: Student Letter of Intent**

Using the space given, provide a letter of intent outlining your career goals, reasons for interest in research and expectations for the summer research program. Limit your response to **2500 characters (including spaces)**. It is recommended to type the information in a separate document, then copy and paste it into this form.

Applicant Name (Last, First, Middle):

**IVSP Application**

**Summer 2020**

**Part C: Student Research Project Summary**

Using the space given, provide a concise summary of your proposed IVSP summer research project. Please include the following components: Background, Hypothesis, Aims, Materials/Methods, Expected Results and Significance of Research. Limit your summary to **1 page maximum**. It is recommended to type the information in a separate document, then copy and paste it into this form.

Applicant Name (Last, First, Middle):

**IVSP Application**

**Summer 2020**

**Part D: Student Curriculum Vitae**

Using the space given, or a separate attachment, provide your curriculum vitae. Limit your curriculum vitae to **2 pages maximum**. It is recommended to type the information in a separate document, then copy and paste it into this form.

Applicant Name (Last, First, Middle):

**IVSP Application**

**Summer 2020**

**Part D: Student Curriculum Vitae (Continued)**

Using the space given, or a separate attachment, provide your curriculum vitae. Limit your curriculum vitae to **2 pages maximum**. It is recommended to type the information in a separate document, then copy and paste it into this form.

Applicant Name (Last, First, Middle):

**IVSP Application**

**Summer 2020**

**Part E: Student Transcript**

Scan and submit as an attachment, or submit as a hard copy a current transcript. A non-official copy is acceptable. **If you are a term 1 student (SGUSVM), please supply a scanned or hard copy of your undergraduate transcript.**

**Part F: Mentor Letter of Support**

Using the space given, or a separate attachment, provide a letter of support for your applicant. Make sure to include the following: (1) confirmation that you have met and discussed the proposed the research project with the applicant; (2) verification that you have the necessary funding, supplies, IACUC/IRB documentation etc. required to perform the summer research; and (3) a statement affirming that you will provide instruction and guidance for the applicant throughout the entire duration of your summer research project. Limit your response to **2500 characters (including spaces)**. It is recommended to type the information in a separate document, then copy and paste it into this form.

Applicant Name (Last, First, Middle):

**IVSP Application**

**Summer 2020**

**Part G: Scholar/Mentor Contract (*to be completed before May 18, 2020*)**

After acceptance into the program and before commencement of the IVSP, the following contract must be filled out, signed and the original copy provided to the program’s director (Dr. Wayne Sylvester).

I, (IVSP scholar’s printed name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to the terms stipulated by the IVSP.

* I have met and discussed the proposed research with my mentor. (Initials) \_\_\_\_\_\_\_\_\_\_
* I will participate in all required IVSP activities, starting May 20, 2019. (Initials) \_\_\_\_\_\_\_\_\_\_
* I will participate in IVSP Poster Day. (Initials) \_\_\_\_\_\_\_\_\_\_
* If still on-island in Spring term, 2020, I will participate in SGU Research Day. (Initials) \_\_\_\_\_\_\_\_\_\_
* I give permission for pictures taken of me during IVSP activities to be used

on the IVSP website and other IVSP advertisements and reports. (Initials) \_\_\_\_\_\_\_\_\_\_

Signature of Scholar \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, (Mentor’s printed name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to the terms stipulated by the IVSP.

* I have met and discussed the proposed research with my scholar. (Initials) \_\_\_\_\_\_\_\_\_\_
* I will provide supervision for my scholar throughout the duration of the

research project. (Initials) \_\_\_\_\_\_\_\_\_\_

* I have the funds, resources and appropriate IACUC/IRB. (Initials) \_\_\_\_\_\_\_\_\_\_
* I will ensure that my scholar fulfills all requirements of the program. (Initials) \_\_\_\_\_\_\_\_\_\_
* I will review my scholar’s research progress at least every week. (Initials) \_\_\_\_\_\_\_\_\_\_
* I give permission for pictures taken of me during IVSP activities to be used

on the IVSP website and other IVSP advertisements and reports. (Initials) \_\_\_\_\_\_\_\_\_\_

Signature of Mentor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_