



**Weill Cornell
Medicine**

**Clinical & Translational
Science Center**

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A Weill Cornell Medical College Multi-Institutional Consortium with:

Weill Cornell Graduate School of Medical Sciences / New York Presbyterian Hospital / Cornell University, Ithaca / Cornell University Cooperative Extension, New York City / Memorial Sloan-Kettering Cancer Center / Hospital for Special Surgery / Hunter College of the City University of New York / Hunter School of Nursing / Hunter School of Public Health / Hunter Center for the Study of Gene Structure and Function / Animal Medical Center and Cornell College of Veterinary Medicine

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SUMMER INTENSIVE FELLOWSHIPS IN CLINICAL TRANSLATIONAL RESEARCH FOR MEDICAL STUDENTS

MENTORING AGREEMENT

By signing this form, I hereby certify that I have read and approve the submitted research proposal as outlined in the pre-approval form, and that I agree to serve as a mentor for the applicant for the duration of the proposed project dates. I understand that my role as the mentor for the applicant includes:

- Regular meetings with the applicant (either one-on-one or in a group setting) to discuss research progress
- Providing opportunities for the applicant to interact with the research team
- Providing opportunities for the applicant to develop new research skills and to acquire presentation and publication skills.
- Responsibility for identifying and obtaining regulatory and compliance reviews and approvals prior to initiation of the student's participation in research. This includes oversight committee review (e.g., IRB, IACUC, IBC, RSC, ESCRO), permits (e.g., radioactive materials, select agents, controlled substances, import/export), safety or hazard training and/or registration.
- I understand that the support provided by the CTSC's Summer Intensive Fellowships in Clinical Translational Research for Medical Students must be acknowledged with the following language: *"This investigation was supported by grant UL1TR002384 of the Clinical and Translational Science Center at Weill Cornell Medical College."*
- I also certify that I have read the learning objectives associated with the Summer Research Elective, which can be found at: <https://nexus.weill.cornell.edu/display/MSR/Research+Experience+Learning+Objectives>

Name (First and Last Name): _____

Signature: _____

Date: _____