

**Short Research Experiences in Cancer at LSUHSC for Medical Students
Supported by the National Cancer Institute (NCI)**

Purpose: To provide biomedical research experience in the area of oncology at LSUHSC. It is hoped that the experience will encourage participants to consider careers which may ultimately benefit cancer patients and contribute to the eradication of the disease.

Time: Tuesday, May 27 through Friday, July 18, 2008

Eligibility: As of May 28, 2008, applicants must have successfully completed their first year of medical school. Academic credit will not be given for this summer program. Minority students are encouraged to apply.

Deadline: Students desiring to take part in the program are requested to complete and return the application form by **Friday, March 21, 2008**. A completed application and all supporting documents should be sent to:

*Alfredo Lopez-S, MD, PhD
LSUHSC Department of Medicine, Nutrition Section
2020 Gravier Street
7th Floor, Suite D, Box E7-20
New Orleans, LA 70112*

Selection: The Cancer Education Committee of LSUHSC Medical School reviews and ranks the applicants. Only those individuals who have completed the application form and sent all supporting documents will be evaluated by the committee. Those students finally selected for the program and those selected as alternates will be interviewed during the month of April. Those not selected for the program will be notified by May 13, 2008.

Participation: Research projects are under the supervision of the Basic Science and Clinical Research Faculty of LSUHSC. Research involving the basic and/or clinical aspects of cancer (IE prevention, clinical trials) will be available on a full-time basis. Students are required to attend weekly seminars on cancer-related topics.

Evaluation: At the end of the program, students are required to present an oral and written report of their research experience on July 18, 2008 and are requested to complete an evaluation form about the program and make suggestions for its improvement.

Faculty members are requested to submit a short evaluation of their student's competence. All evaluations are confidential.

Stipend: The stipend will be **\$3000** for the program.

Accommodations: Responsibility for accommodations rests solely with each student.

Information: Alfredo Lopez-S, MD, PhD
alopez@lsuhsc.edu

Medical Student Application for Short Research Experiences in Cancer LSUHSC 2008

Name: _____ SSN: _____

Date of Birth: _____ Place of Birth: _____ Sex: _____

Country of Citizenship: _____ Visa Status: _____ Permanent Resident No. _____

Permanent/family Address: _____ City: _____ State: _____ Zip: _____

Current Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____

Telephone number: permanent _____ current _____ cell _____

Notify in case of emergency: (name) _____

(relationship) _____ (telephone number) _____

If you are related to any member of the Louisiana State University staff, give name and relationship: _____

If you have been employed by LSUHSC in the past, please indicate department and dates of service: _____

University/school attending at present: _____

Year in School: 1 ____ 2 ____ 3 ____ 4 ____

Race (optional) _____

EDUCATIONAL BACKGROUND:

Institution and dates attended	Area of study	Average GPA	Graduated (year)

List Any Prizes and/or Honors received: _____

Have you ever participated in a research program? If so, please list area of research, place, and date of participation.

Reasons for applying to this research program:

I understand that, if selected, written and oral presentations are required at the completion of the summer research program. Also, by submitting the application for this program, I voluntarily agree to provide periodic information that will be used to evaluate the effectiveness of the program. I understand that this information is essential to the continued NCI support of the program as an evaluation criterion. I will make a reasonable effort to keep my contact information current upon request from the program staff.

Signature

***Please submit this completed application form along with a letter from the Office of Student Affairs attesting you are a student in good standing, a recent photograph (optional), and your GPA to:
Dr. Alfredo Lopez-S, LSUHSC Department of Medicine, Nutrition Section, 2020 Gravier St., 7th Floor, Suite D, Box E7-20, New Orleans, LA 70112*

****Deadline to return application: March 21, 2008**