Medical Student Research Inventory Form
Howard University College of Medicine
2013

Demographic Information

Student's Name: ____

Class / Year:__________________ College Major: ____________________________

Contact Information:

Student Address: ____

Student Telephone: ______________________

Student e-mail: ____

Family Contact: ____

Relationship:_______________________________________

Family Contact Telephone:___________________________

Academic Advisor (Full name): ____

Future Research Interests

Select up to 3 of the following that best describe your research interests (indicate 1, 2, 3):

____Biochemistry
____Bioinformatics
____Cell Biology
____Developmental Biology
____Genetics
____Microbiology
____ Internal Medicine
____ Allergy/Asthma
____ Cardiology
____ Endocrinology
____ ENT
____ Epidemiology
____ Family Medicine
____ Gastroenterology
____ Hematology
____ OB/GYN
____ Oncology
____ Ophthalmology
____ Orthopedics
____ Pathology
____ Pediatrics
____ Psychiatry
____ Radiology
____ Radiation Oncology
____ Surgery
Please list Specific________________________

____Pathogenic Micro
____Virology
____Immunology
____Molecular Biology
____Infectious Diseases
____Neuroscience
____ Cancer Research
____ Genomics
____ Microbiology/Immunology
____ Pharmacology
____ Anatomy
____ Physiology
____ Psychology
____ Urology
____ Public Health
____ Disparities
____ Obesity
____ Diabetes

____Nanotechnology
____Pharmacology
____Structural Biology

____Other____

Student's Name: ____

Class / Year:__________________

Previous Research Experience:

1) Position and Research Institution:____

Research Topic/Experience:

Start Date: _________ Months:_________

End Date: _________

2) Position and Research Institution:____

Research Topic/Experience:

Start Date: _______ Months: ________

End Date: _______

Previous Research Abstracts, Posters, Presentations, Publications:

____

____

____

____

____

____

JTS