Mentor Form A - Application

Mentor Name: ____________________________________________

Mentor Title: ____________________________________________

Mentor Email: ____________________________________________

School: ____________________________________________

I agree to mentor and supervise the work of __________________________ during the course of his/her 2019 Arnold P. Gold Foundation Student Summer Fellowship. I have read the student’s proposal and approve the scope of work to be undertaken.

I will review the final report at the conclusion of the project and provide the Gold Foundation with an evaluation on the Mentor Form B - Final Approval Form, including assessment of:

- student’s performance during the course of the fellowship (covering such issues as the student’s understanding of key issues related to subject matter, dedication to project goals, and interaction with patients)
- project’s impact and possibility for further study/work
- opportunity for presentation of work to faculty and peers

During the course of the fellowship, any major changes in the project or a change in mentor must be pre-approved by the Gold Foundation.

________________________________________  _______________________
Mentor signature  date

Please comment on your role and involvement in the project, the nature of your supervision, and how often you intend to meet with the student.

________________________________________________________________________________________

Does the project have other grant support? If yes, please comment.

________________________________________________________________________________________

If IRB approval is necessary, has an application been filed? If yes, what is the status?

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