

Cleveland Clinic Lerner College of Medicine

Research Form for CWRU Students

If any information on this form changes throughout the time frame listed below, please update this form and provide a copy to CCLCM.

Student Name: _____ Class: _____

Address: _____

Phone: _____

E-Mail: _____

Summer Research or Research Block: _____

If Research Block is your time split (if yes, please provide dates): _____

Research Project Title: _____

Faculty Sponsor: _____

Institute: _____

Department: _____

Start Date of Research: _____

End Date of Research: _____

Description of Research Responsibilities:

Student Signature: _____ Date _____

CCF
Faculty Sponsor: _____ Date _____

CCF Department
Research Administer: _____ Date _____

Please be aware that this process takes 1-2 weeks to complete.