**M.D. with Distinction in Research**

**UT Southwestern Medical Center**

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| --- | --- | --- |
| Name: |  | Student ID: |
| Address at School: | City, ST, ZIP: | Primary Phone: |
| Preferred Email: |  |  |
| Expected Graduation Date from UTSW: |  |  |
|  |  |  |

Please attach:

1. A CV that includes Honors and Awards and all research experiences

**Requirements for Distinction**

*These requirements will need to be approved by Dr. Rene Galindo. Submit the information currently completed; the rest will be noted as you complete the requirements.*

Activities toward Distinction:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Weeks | Block/Dates | Dean’s Signature/  Date Confirmed |
| Year-long Research Fellowship  *HHMI, Doris Duke, other:* |  |  |  |
| Summer Research Program: |  |  |  |
| Scholarly Activity: |  |  |  |
| Research Elective: |  |  |  |
| Other (*Explain*): |  |  |  |

Who will serve as your official mentor for your M.D. with Distinction in Research:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| List the three UT Southwestern faculty members that you propose will constitute your thesis committee. | Department |
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*For Dean’s office use only*

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| --- | --- |
| **Thesis Presentation** *(Due by March 15)* | Date Presented: |
| **Written Thesis** *(Due April 1 with signatures)* |  |
| Title: |  |
| Draft Submitted to Adviser: | Date Submitted to Library: |
| **Final Graduation Date:** |  |

All application materials must be turned in to the Office of Student Affairs. S1.100