**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