**SSRA 2025**

**Student Project Application Form**

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**This form must be completed for ALL SSRA applications, if you are interested in undertaking SSRA for either 5 credits OR Audit.**

**PLEASE SEND THIS FORM DIRECTLY TO YOUR CHOSEN SUPERVISOR (S) AND ALSO cc TO**

**ssra@ucd.ie**

**IN THE HEADER OF THE E-MAIL, PLEASE PUT:**

**SSRA 2025- YOUR NAME-PROJECT NUMBER**

**e.g. SSRA 2025 AMANDA MCCANN PROJECT 10**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:- BLOCK CAPITALS Student No:-**

**Address:-**

**(Term)**

**Contact Tel No:-**

**UCD E-mail address:-**

**Course:- Current Stage:-**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TICK HERE IF YOU ARE availing of the 5 Credits for this research Elective**

MDSA 30280 [SSRA Research Elective I]

**TICK HERE IF YOU ARE NOT TAKING CREDITS FOR THIS RESEARCH ELECTIVE.**

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**NB:-You must check with the Programme Office before completing the section above as**

**to your eligibility to take credits for this research elective.**

**Have you undertaken a summer research 8 week project previously in UCD School of Medicine (SoM)? (Note:- Not mandatory for application)**

**PLEASE TICK AS APPROPRIATE**

**Yes**

**No**

**If Yes, please give the below details:-**

**Title of Project:-**

**Supervisor e-mail:-**

**If this research was credited, what was your final result Fail/ Pass/ Distinction?**

**PLEASE TICK AS APPROPRIATE**

**Pass Distinction Fail**

**What previous experience do you have in research?**

**(Not mandatory that you have this experience!)**

**PLEASE TICK AS APPROPRIATE**

 **None**

**Some Experience**

**Details of Laboratory based Research Techniques you have experience in.**

**Academic Record to-Date:**

|  |  |
| --- | --- |
| **Specify COURSE:-**  | **GPA or equivalent** |
| **Stage I**  |  |
| **Stage 2** |  |
| **Stage 3**  |  |
| **Stage 4** |  |
| **Stage 5** |  |

**For Graduate Entry Medicine (GEM) Students**

* **Primary Degree:-**
* **Award of Degree:-**
* **What year was your primary degree awarded?**
* **Relevant work experience.**

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**Please give the TITLE and the e-mail address of the Principle and Co-Supervisor of the**

**project you would be interested in.**

Project Title:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Email:-***Principle Supervisor *e-mail*:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Email:-***Principle Co- Supervisor *e-mail*:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In **100 words** maximum, give reasons why you should be selected to undertake this

summer research project.

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_**