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PORTAL PROGRAM THESIS PLAN DECLARATION FORM

Student Name		Life Number	
Class Of		Phone #	
		E-Mail Address	

Thesis Mentors

Name of Mentor	
Mentor's Signature	
E-Mail Address	

Name of Co- Mentor	
Co- Mentor's Signature	
E-Mail Address	

Department	
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Please provide a 3-5 page description of your proposed thesis project. Guidelines are available at:

(<http://www.mssm.edu/education/medical-education/medical-student-research-office/research-guidelines/proposal-preparation>).

Please submit this form; a letter of support from the mentor stating that s/he has agreed to be your thesis mentor; the project proposal; and a document enumerating which new skills you will learn by carrying out the project. Please specify which mentor or co-mentor will be the resource for these skills.

All required documents should be submitted by **February 17, 2014** to medicalstudentresearch@mssm.edu. The subject line should read:

PORTAL Thesis Plan Declaration