



**CCHMC PULMONARY/SLEEP MEDICINE
MEDICAL STUDENT SUMMER RESEARCH FELLOWSHIP PROGRAM**

LETTER OF INTENT

**Due in February. See website for application dates/deadlines.
Email your completed application to Mary Kay Lang: Mary.Lang@cchmc.org**

I. STUDENT INFORMATION:

Name:	_____	Email Address:	_____
Medical School:	_____	Academic Year:	_____
Address:	_____	Phone #:	_____
College:	_____	MCAT Scores:	_____
College GPA:	_____	Dates Available:	_____

II. PERSONAL STATEMENT (1 page max. 11 point Arial font):

Include information specifically addressing the following:

1. Why you are interested in participating in the SMURRF program
2. The types of research projects and mentors you are potentially interested in pursuing and why
3. Your current medical career goals or plans.

III. RESUME

Include a copy of your most recent resume.

IV. LETTERS OF RECOMMENDATION

Letters of recommendation are not required but may be included (maximum of two letters)

V. SIGNATURE

I certify that the above information is accurate, and I am currently a medical student in good academic standing who will be advancing in my medical school's 2nd year curriculum in (input year) _____ without plans to remediate course work.

Student Signature

Date