**The following information is required if you are interested in potentially becoming a 2023 Summer Medical Student Research Award Supervisor**

1. **Name and email address (please use current email address as students will be contacting you via this email):**

|  |  |
| --- | --- |
| Name: |  |
| Email: |  |

1. **Specific area(s) of active research (please keep short and in point form):**
2. **Does your project currently have ethical approval?**

YES  NO  N/A

1. **Would the student be restricted to living in a specific location for the summer months, and if so, where?**

*Note that information gathered from this document will be transferred to a list of Potential Supervisors and shared with NOSM University Students.*

**Please return this completed form by December 12, 2022 to:** [**research@nosm.ca**](https://nosm-my.sharepoint.com/personal/lmorvan_nosm_ca/Documents/Desktop/Office%20Documents/research@nosm.ca)