

Yale School of Medicine  
Office of Student Research

YALE SPONSORED ONE-YEAR FELLOWSHIP  
FACULTY MENTOR SIGNATURE PAGE

The undersigned have reviewed this application for a Yale Affiliated One Year Medical Student Research Fellowship Award and are familiar with the conditions, policies, and objectives of the Office of Student Research concerning research support and accept the obligation to comply with all such conditions, policies and objectives.

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Student (sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Mentor Name (print)

\_\_\_\_\_  
Faculty Mentor (sign)

\_\_\_\_\_  
Date