**2019 Nomination Form**

**For the Clinical Research Institute**

**Medical Student Award for Outstanding Scholarship**

***DUE DATE:*** *Send the Nomination Form AND a copy of the student’s CV to* [*clinicalresearch@ttuhsc.edu*](mailto:clinicalresearch@ttuhsc.edu)

*by* ***5pm on July 31, 2019***

For questions contact the Clinical Research Institute: 806-743-4222 or [clinicalresearch@ttuhsc.edu](mailto:clinicalresearch@ttuhsc.edu)

**REQUIREMENTS:**

1. **Must be a medical student at TTUHSC**
2. **Must have worked extensively with the Clinical Research Institute**
3. **Must have presented their work or, preferably, published manuscript/s and shown evidence of scholarship**

**Faculty member nominating student:**

Name:

Department:      ; Email address:

Student Name:

Student’s medical school year: MS1 MS2 MS3 MS4

Phone number:

Email address:

**Please describe why this medical student deserves the award:**

**Describe how the student interacted with the Clinical Research Institute:**

**Please cite where the student has presented/published their work**