

**Comprehensive Research Experience for Medical Students**

**Summer Research Program 2018**

**Supervisor/Project Information Form**

***Due February 14 2018 by email to*** ***crems.programs@utoronto.ca***

**PLEASE SUBMIT IN WORD FORMAT ONLY. PDF will not be accepted**

**Supervisor Name:**

**Hospital/Research Institution:**

**Email:**

**Field of Research** (2 keywords):

**Department**:

**School of Graduate Studies Appointment (IMS, LMP, IHPME etc)?** Yes/No:

**If YES, please name:**

**Project Title**:

**Brief Project Description** (<300 words):