DeBakey Scholars Program Comprehensive Plan Form

Student name:______________________ MS class of: 20____ Date: ______________
Student Phone: ___________________ Student E-mail: _________________________
Faculty Mentor Name(s): ________________________________
Faculty Mentor Department(s): ________________________________
Faculty Phone: ___________________ Faculty E-mail: _________________________
Research Area: ____________________

1. Please describe the specific question or hypothesis that you will study in your MSA project (attach a separate page if necessary).

2. Please describe the time-line you will use to achieve the benchmarks. For example, when will you perform the bulk of the research? In year 1 or 4?

Student Signature: ____________________________________________
Mentor Signature: ____________________________________________
Director Signature: ____________________________________________