

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: _____