**SSRA 2025**

**Student Project Application Form**

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This form must be completed for ALL SSRA applications, if you are interested in undertaking

SSRA for either 5 credits OR Audit.

Please send this form directly to your chosen supervisor(s) AND cc ssra@ucd.ie

In the subject line of the email, please put:

SSRA 2025 - Your name – Project Number

e.g. SSRA 2025 - Melinda Halasz - Project 10

\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Student Name |  |
| Address |  |
| Student Number |  |
| Term |  |
| Contact Telephone Number |  |
| UCD Connect email address |  |
| Course |  |
| Current Stage |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tick if you are availing of 5 Credits for this research Elective

MDSA 30280 [SSRA Research Elective I]

Tick here if you are not taking credits for this research elective.

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Have you undertaken a UCD summer research (SSRA) 8 week project previously?

Yes

No

If Yes, please give the below details:

|  |  |
| --- | --- |
| Project title |  |
| Principle Supervisor e-mail |  |
| Co- Supervisor e-mail |  |

If this research was credited, what was your final result Pass/Fail/Distinction?

Pass Distinction Fail

What previous experience do you have in research?

(Not mandatory that you have any experience!)

 None

Some Experience

Details of Laboratory based Research Techniques you have experience in.

Academic Record to-Date:

|  |  |
| --- | --- |
| Specify COURSE:-  | GPA or equivalent |
| Stage I  |  |
| Stage 2 |  |
| Stage 3  |  |
| Stage 4 |  |
| Stage 5 |  |

For Graduate Entry Medicine (GEM) Students

|  |  |
| --- | --- |
| Primary Degree |  |
| Award of Degree |  |
| What year was your primary degree awarded?  |  |
| Relevant work experience |  |

Please give the TITLE and the e-mail address of the Principle and Co-Supervisor of the

project you would be interested in.

|  |  |
| --- | --- |
| Project title |  |
| Principle Supervisor e-mail |  |
| Co- Supervisor e-mail |  |

In **100 words** maximum, give reasons why you should be selected to undertake this

summer research project.

|  |
| --- |
|  |

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_**