

**Comprehensive Research Experience for Medical Students**

**Summer Research Program 2021**

**Supervisor/Project Information Form**

***Due February 24, 2021 by email to*** ***crems.programs@utoronto.ca***

**Supervisor Name:**

**Project Title:**

**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:**

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