APPLICANT'S FULL NAME: _____
APPLICANT'S EMAIL:_____

UC San Diego

Medical Student Training in Aging Research (MSTAR) Program
Home Faculty Sponsor Form

Thank you for agreeing to serve as a Home Institution Faculty Sponsor (HIFS) for an MSTAR applicant. This form will allow the National Training Center to learn more about your relationship with the applicant, and how you plan to help further the applicant's career in aging research and geriatrics.

If you are the Home Institution Faculty Sponsor for more than one student, this form should be personalized for each applicant. Please email the completed form in PDF format directly to the applicant so he/she can include it with his/her application.

PART 1

HOME FACULTY SPONSOR'S NAME: _____
HOME FACULTY SPONSOR'S TITLE: _____
HOME FACULTY SPONSOR'S INSTITUTION: _____
HOME FACULTY SPONSOR'S ADDRESS: _____
HOME FACULTY SPONSOR'S EMAIL: _____
APPLICANT'S NAME: _____

PART 2
MENTORING PLAN
(Use as much space as needed for each section.)

1.Please describe your relationship to the applicant and reasons for recommending him/her for participation in this program. Include any demonstrated interest that the applicant has shown in geriatrics and/or aging research and why you feel he/she would be a good candidate for the MSTAR program.

2. Please provide a brief description of the Home Institution resources and facilities which will be available to the applicant.

3. Please describe current and future plans to encourage and expand the applicant's interest in aging research after the end of the MSTAR project period.

PART 3
Please attach a recent version of your NIH-style biosketch.