

Scholarship Day Poster Approval



DONALD AND BARBARA
ZUCKER SCHOOL of MEDICINE
AT HOFSTRA/NORTHWELL

For Student Use:

I, _____, have used the School of Medicine Scholarship Day poster template to create my poster. I understand that I am responsible for any material displayed during this event. In addition, I understand that my presence is required during the entirety of Scholarship Day. I also agree to have my poster display digitally on the School of Medicine's Library website.

Signature of Student: _____

Date: _____

For Mentor Use:

I, _____, have reviewed the above student's poster. I am aware of the information represented, have reviewed and approve this poster. I understand that this poster will be displayed during Scholarship Day and on the School of Medicine's Library website.

IRB OPTIONS:

IRB APPROVED (type number)

N/A No Animal Subjects

EXEMPT Systematic Review / Review

N/A IRB EXEMPT Book Chapter

N/A IRB EXEMPT Community Service Work

N/A Medical Education

N/A No Human Subjects

Mentor Notes:

Signature of Mentor: _____

Date: _____

For In-House Faculty Mentor Use:

I, _____, have reviewed the above student's poster. I am aware of the information represented, have reviewed and approve this poster. I understand that this poster will be displayed during Scholarship Day and on the School of Medicine's Library website.

In-House Faculty Mentor Notes:

Signature of In-House Faculty Mentor: _____

Date: _____

IRB Information and attached PDF of Poster is Mandatory