



美國華人醫師會

Association of Chinese American Physicians USA, Inc.

ACAP Science Fair Mentor's Information and Approval

Student's Name: _____

Research Project Title: _____

Mentor's Name:

First name: _____ Last Name: _____ Degree: _____

Corresponding or home Address:

Street: _____ City: _____ State: _____ Zip code: _____

Email: _____ Home Phone: _____ Cell Phone: _____

Academic Affiliation

Name of Institution: _____

Address: Street: _____ City: _____ State: _____ Zip Code: _____

Academic Rank/Title _____

Mentor's Attestation and Signature:

I attest that the above research project has been conducted and completed in my laboratory by this student independently or with minor technical support under my mentorship, and that any required review and approval by institutional regulatory board (IRB/IACUC/IBC) has been obtained. The student designed and performed the research project, and the result is originally. I acknowledge that the student is submitting this work publicly for ACAP Science Fair and the submission is approved.

Name (print): _____ Signature: _____ Date: _____