

MGB OCR Clinical Research Summer Internship 2026

Student Name _____

Student Email _____

Mentor Name _____

Mentor Email _____

Mentor Service/
Department/Unit _____

IRB or SPID # of project _____

Title of Project: _____

Abstract _____

Attachments:

- Applicant CV
- Applicant statement
- Mentor statement

Submit via email to tcrcinfo@partners.org

Date Sent: