

**Program in Epidemiology and Human Genetics**

**Original Data Collection Experience**

Please complete this form and forward it to the Epidemiology and Human Genetics academic office at jshinnick@som.umaryland.edu

**Student Name:** Click or tap here to enter text.

**Date of Submission:** Click or tap to enter a date.

**Mentor Name:** Click or tap here to enter text.

**Please provide a description of your original data collection experience (be sure to include where, when, and specific details about how this requirement was met):** Click or tap here to enter text.