

RESEARCH ELECTIVE REQUEST FORM

UCR School of Medicine

Please submit completed and signed form to add a research elective for credit

- A maximum of **eight weeks** of research and/or in-depth electives may be applied toward the requested 4th year elective.
- Academic credit will **not** be given for research electives for which you are paid or while on a leave of absence from the medical school curriculum.
- Academic credit will **not** be given for any research conducted prior to the start of your third year.
- UCR vs. AWAY credit: Research electives sponsored by a UCR faculty member will be given “UCR” elective credit, while those research experiences taken away from UCR will count towards the “AWAY” electives.
- UCR research mentors must have a UCR faculty appointment. Away research mentors must hold a faculty appointment at their respective site.
- The responsible conduct of research, including IRB and ARC approval and appropriate training of students, is the responsibility of the faculty mentor.
- In order to receive credit, student must be enrolled in the M.D. curriculum during proposed research dates.
- Research must be approved by the Senior Associate Dean, Research prior to the start date. **No retroactive credit will be granted.**

Students must submit this request **no later than ONE month prior to the intended start date**. Please allow approximately 10 business days for this application to be processed. Please plan accordingly!

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|--|-------------------|--------------|-------------------|
| Student's name | Cell phone number | Today's date | Dates of elective |
| Will the student receive any money for this elective? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

1. Description of the research:

2. Proposal of the work for this research elective:

3. New knowledge and skills to be gained:

4. The following will be submitted to the Senior Associate Dean, Research at the end of the elective:

- Research Report with Abstract, Introduction, Methods, Findings, Discussion, Conclusions
- Poster suitable for presentation

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|--|------|
| Signature of Senior Associate Dean, Research | Date |
|--|------|

Contact Information of Research Mentor (final evaluation requests will be sent to this address)

| | | | |
|------------------------|-----------|--------------|---------------|
| Research mentor's name | Signature | Phone number | Email address |
|------------------------|-----------|--------------|---------------|

It is the mentor's responsibility to insure that appropriate IRB or IACUC approvals are obtained for research studies.

Has IRB/IACUC approval been obtained Yes No N/A

IRB/IACUC approval number and date: _____

For questions, contact Keisha Moore (keisha.moore@medsch.ucr.edu)

Office Use Only – Final Approval

4th year Clerkship Director _____ Date _____

Approval signature (required for credit)