

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!

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

Signature of Senior Associate Dean, Research	Date
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Contact Information of Research Mentor (final evaluation requests will be sent to this address)

Research mentor's name	Signature	Phone number	Email address
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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

4 th year Clerkship Director	Date
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Approval signature (required for credit)