

**RESEARCH ELECTIVE REQUEST**

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This request form and its listed requirements must be turned into the Office of Clinical Education via schedule request in eMedley at least **60 days in advance of the elective start date**. Incomplete requests will not be evaluated. Requests turned in after the posted deadline will be returned/denied.

**REQUIREMENTS**1. Background Information**Student Information**

Official Name: \_\_\_\_\_ EUID: \_\_\_\_\_ ID#: \_\_\_\_\_

Class of: \_\_\_\_\_ Advisory College: \_\_\_\_\_

HSC Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I attest that the mentor is not a family member ☐**Mentor Information**

Name: \_\_\_\_\_ Site/Employer: \_\_\_\_\_

Department: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Does the site or mentor require an affiliation agreement? Yes ☐ No ☐**Project Information**

Project Title: \_\_\_\_\_

Elective Period: \_\_\_\_\_ Start/Stop Dates: \_\_\_\_\_

IRB/IACUC approved? Yes ☐ No ☐ N/A ☐ IRB/IACUC approval #/date: \_\_\_\_\_

If IRB/IACUC not applicable provide an explanation: \_\_\_\_\_

2. Project Details**In a single, separate document include the following information:**

- a) Statement asserting the amount of time spent in-lab will be greater than or equal to 40 hours per week.
- b) Description of the project, detailing your study and what you wish to accomplish. Must include an overview of the hypothesis (or area to be examined), the methods that will be employed, and the expected outcomes and analytic methods that will be used. **Specific details of the student role in the proposed project should be outlined.**
- c) If human subjects (IRB) or animal subjects (IACUC) are to be used, please be sure to include the specific documents listed below.
  - a. If participating in human subject research at another institution, submit the following documentation:
    - i. IRB approval letter.
    - ii. Protocol synopsis.
    - iii. Proof that student has been added to the protocol.
  - b. If participating in animal research at another institution, submit the following documentation:
    - i. IACUC official approval letter.
    - ii. Proof student has been added to the IACUC-approved study.

(continued)



**POST-PROJECT REQUIREMENTS for CREDIT**

The following must be submitted to the Office of Clinical Education by 5 pm the last day of the rotation following standard evaluation submission procedures. Credit for the rotation will not be given until both items are completed and submitted to Clinical Education.

- 1) A one-page rotation summary including what student learned about research (in the case of observation) or summary of research activities participated in. Include any plans for submission of abstracts or manuscripts.
- 2) Standard TCOM Clerkship Evaluation Form completed by mentor.

**Signatures**

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Student Signature

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Date

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Mentor Signature

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Date