Research Schedule Change Form

_Society Deans_: If students need to change their 16-week research block schedules for any reason (USMLE study time extended, changed clinical schedule, personal reasons) **they will need to submit their new research dates for approval to the Medical Student Research Office before they use the previously scheduled research time.**

Student’s Name: _________________________ Specialty_________________

Society Dean Signature_____________________________________________

Reason for Change in Research Dates: _________________________________

Original Research scheduled dates completed: _________________________

New Research Dates: _______________________________________________

**Requested Research Block Schedule Research Mentor Information**

Name: __________________________________________________________________

Print Name:_________________ Signature : _______________________________

Date: _____________

Contact Info: e-mail: _____________ Phone: ____________________________

Institution (UH, CCF, MHMC, VA)/ Department: _______________________

**By signing above you agree and grant the above student permission to complete their 16-week research requirement under your mentorship.**

**Approval of Medical Student Research Office**

Signature: _________________________________

Date: _________________________________

_Students and Mentors_: All research schedule approval forms must be submitted to the Office of Medical Student Research (OMSR). Please return the signed form to the OMSR (E421G) for implementation. If you have any questions please contact Sharon Callahan, Administrative Director, Office of Medical Student Research at 216-368-6972/ slc17@case.edu or Colleen Croniger, Assistant Dean for Medical Student Research at cmc6@case.edu.