MEDICAL STUDENT RESEARCH SCHEDULE AND PROPOSAL FORM

Student Instructions:

1. Students are required to perform 16 weeks of research.
2. This form must be submitted to the research office 4 weeks prior to start of research dates. The 16 week research cannot be used as a research elective.

SECTION I: Background Information
(All below information and signatures must be provided in order for OMSR to approve)

Student Name: _________________________________ Graduation Year: _____________

Research location: □ UH □ CCF □ Metro □ VA □ Other __________________________

Research Mentor name and signature: __________________________________________

Research Mentor’s phone: _____________________ email: ____________________

Class of 2021 required research block dates:
Please check two – 8 week blocks:
(longitudinal curriculum students select your 1st 8 weeks and please see below)

☐ a) 03/11/19-05/03/19 ☐ b) 05/06/19-06/28/19
☐ c) 07/01/19-08/23/19 ☐ d) 08/26/19-10/18/19
☐ e) 10/21/19-12/13/19 ☐ f) 01/06/20-02/28/20
☐ g) 03/09/20-05/01/20 ☐ h) 05/04/20-06/26/20

Please check if you are in a Dual Degree Program

☐ Dual Degree - Program __________________________

Longitudinal Core Curriculum Students Only
Please fill in your second 8 weeks of your research schedule below.

<table>
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<tr>
<th>Dates</th>
<th># weeks</th>
<th>MSRO Approval</th>
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Society Dean’s Name __________________________________________________________

Society Dean’s Signature (verify research block dates): _______________________

Date __________
SECTION II

A. If your project involves human subject research, you will need to have active IRB approval and be listed as a Key Personnel in the project.

B. Please provide the IRB approval number: ______________________

C. I certify that I will be a registered Key Personnel by the start date of my project.

Student’s Initial: _____

SECTION III

D. Time-Line, Deliverables and Competencies:

- Organize your specific goals and “deliverables” into a time-line that corresponds to the intervals of time that you will receive research elective credit as indicated in the table on page 1. (eg, Interval 1 Research phase - research and compile the reference list, read background literature, complete interviews of study subjects)

- For example, if you propose 16 weeks of research broken into two eight-week blocks, list specific goals and expected deliverables for each of these three time intervals.

SECTION IV: Research Plan

A. Research Description: In the space below, describe your project’s (1) Research question; (2) Hypothesis; (3) Study Design (including basic approaches for statistical analysis).

Research Plan continued (please use more space than provided if needed):

SECTION V: Responsible Research Supervisor Attestation (Section for Research Mentor)

My signature verifies that as a Research Mentor:

1. I will support all of the plans in the student’s proposal.

2. I will have reviewed and agreed with the student’s goals/deliverables and timeline described in section IIID above.

3. I will meet with the student on a regular basis to review student’s goals/deliverables and timeline.

4. I will provide constructive feedback to the student at the midpoint of their research block.

5. I will submit an evaluation of the student’s performance at the end of each 8 week block of research (Mentor Evaluation of Medical Student Research Form)

Research Mentor’s Name ______________________________________________

Research Mentor’s Signature _____________________________________________

Date_______________

MSRO Approval________________________________________________________

Date_______________