**APPLICATION FOR RESC4001M MEDICAL STUDENT RESEARCH ELECTIVE**

**Student Instructions:**

1. Students can schedule up to 8-weeks of additional research (not part of the 16 week required research block) .  The research elective is not recorded on your transcript but you may count up to 8-weeks as non-clinical credit toward graduation requirements.  Please do not submit the elective in the course request site and do not add the rotation in CAS.  You will write the weeks in the Additional Elective section of your Official Graduation Audit Checklist next year.
2. This form must be submitted to the Medical Student Research Office at least 4 weeks prior to the start of the elective.

**SECTION I: Background Information**

Form Submission Date (4 weeks prior to start of elective):

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Year:\_\_\_\_\_\_\_\_\_\_\_\_\_

Research location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Mentor name and signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Mentor’s contact information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed 16 weeks of required research block**

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| --- | --- | --- |
| Dates | # weeks | MSRO Approval |
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**Research Elective Dates:**

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| --- | --- | --- |
| Dates | # weeks | MSRO Approval |
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**SECTION II**

1. If your project involves human subject research, you will need to have active IRB approval and be listed as a Key Personnel (http://www.research.ucsf.edu/chr/NewInv/chrNewInv.asp) in the project.
2. Please provide the IRB approval number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. I certify that I will be a registered Key Personnel by the start date of my project.

Initial: \_\_\_\_\_\_

**SECTION III: Research Plan**

1. 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:

**SECTION III: Responsible Research Supervisor Attestation**

My signature verifies that I:

1. Support all of the plans in the student’s proposal;
2. Will provide constructive feedback to the student at the midpoint of their research elective work; and
3. Will submit an evaluation of the student’s performance on a quarterly basis through the E\*Value system. (Please see the “Standard Research Block Student Evaluation Form” at the end of this application form.)

Research Mentor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Mentor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MSRO Approval\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_