

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.