

# RESEARCH ELECTIVE APPLICATION FORM

Student Name

Community (Campus)

Research Project Title

Faculty Mentor Name

Clerkship start date

Clerkship end date

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Student Responsible Conduct of Research (RCR) training is up to date.

Yes

No

Does this project have  
IRB approval?

Yes

Not required

Pending / To be submitted

Research electives require weekly meetings with research mentor. Please indicate dates of weekly meetings.

Week 1

Week 2

Week 3

Week 4

**This application form must be accompanied by a Research Proposal/Plan**

Student Signature

Date

Faculty Mentor Signature

Date

Community Research Director Signature

Date

Director of Student Programs Signature

Date