

RESEARCH ELECTIVE APPLICATION FORM

Student Name

Community (Campus)

Research Project Title

Faculty Mentor Name

Clerkship start date

Clerkship end date

Student Responsible and Ethical Conduct of Research (RECR) training is up to date (see [here](#) for information).

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

Student Programs Administrator Signature

Date