RESEARCH ELECTIVE REQUEST FORM

Name: _____________________________________________________  Date: _______________________

MUSOM Email: _________________________________________________________________________________

Check one: □ Clinical Research (6 week limit)  □ Basic Science Research (Up to 12 weeks)

Research Specialty (i.e. Microbiology, Pediatrics, Surgery, etc.): ______________________________

Elective Dates: _________________________________________________________________________________

Contact Information for Faculty Mentor

Faculty Mentor Name: ___________________________________________________________________________

Department: __________________________________  Phone: ___________________________________

Email (final evaluation requests will be sent to this email): ______________________________________________

Date completed IRB/CITI Training for MS4 year: _______________________________________________________

All approved research, must be submitted to JCESOM Research Day, a Research Symposium held in the department, or be a publishable in a journal.

Faculty Approval

I, _______________________________________________ am responsible for the Research of the student listed above.
(Please print name)

Faculty Signature: ___________________________  Date: __________________________

Department Chair Signature: ___________________________  Date: __________________________

Approved by Academic Affairs: ___________________________  Date: __________________________

Friendly Reminders

• Students must submit this request no later than 2 weeks prior to the intended start date. Please allow Approximately 10 business days for this application to be processed by the Office of Academic Affairs.

• A maximum of six weeks of clinical research may be applied toward the 28 week elective requirement.

• A maximum of twelve weeks of basic science research may be applied toward the 28 week elective requirement.

• A minimum of 4 weeks must be requested.

• Academic credit will not be given for research electives for which you are paid or while on a leave of absence from the medical school curriculum.

• Academic credit will not be given for any research conducted prior to the start of your fourth year.

• Research mentors must have a JCESOM faculty appointment.
• In order to receive elective credit, student must be enrolled in the MD curriculum during the proposed research dates.
• No retroactive credit will be granted.

Once you have completed all of the above and obtained your elective faculty’s signature and the corresponding department chair signature to the MUSOM Registrar (MUSOMRegistrar@marshall.edu) or drop it off at the JCESOM Office of the Registrar, MU Med Center, 3rd floor, suite 3415.

FOR ACADEMIC AFFAIRS USE ONLY:

Research scheduled in MUSOM Scheduling system: ☐ Yes ☐ No