



RESEARCH ELECTIVE REQUEST FORM

David Geffen School of Medicine at UCLA

Research electives are to be developed by the student and a sponsoring faculty member according to the student's interests. Research electives must be arranged at UCLA or an affiliated hospital. Please note: 1) The course or preceptor for the elective must be a member of the faculty at UCLA; 2) Academic credit **will not** be given for any research conducted prior to the end of your second year; 3) Academic credit **will not** be given for research for which you are paid; 4) Research experiences eligible for academic credit include school-approved programs, e.g., MSTP, M.D/Ph.D., and NMF. However, Short Term Training Program work, Pathology Fellowship, Hughes positions, etc., are excluded; 5) **Up to 6 weeks of research may be applied toward the 30 weeks elective requirement** (Licensure requirements in California state that instruction in the CLINICAL courses must total a minimum of 72 weeks in length).

_____	_____	_____
Name of Student /Phone and/or beeper #	Class of	Today's Date
_____		_____
Area of Research (i.e. Surgery, Medicine, etc)		Location/Facility
_____	_____	_____
Dates of Elective	Hours Per Week	Number of Weeks

Mailing address of Research Director (final evaluation requests will be sent to this address)

_____	_____	_____	_____	_____
Address/Room # (campus)	Street	City	State	Zip
_____		_____		
Telephone # of Research Director		E-mail Address of Research Director		

Please note: Students will not receive academic credit for research electives for which they are being paid

Will the student receive any money for this elective? (Y/N) _____

Is the Student currently enrolled in the Medical Scientist Training Program?: (Y/N) _____

DESCRIPTION OF RESEARCH (Attach additional sheet if needed):

(Continued on Reverse)

**MAJOR RESEARCH AREAS THAT
WILL BE ADDRESSED:**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

**MAJOR EXPECTATIONS OF WHAT WILL BE
LEARNED (OBJECTIVES)**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

TYPICAL WEEKLY SCHEDULE

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Research Mentor's Name

Research Mentor's Signature

Final Approval: Leonard H. Rome, Ph.D.
Senior Associate Dean for Research

Approval Signature (Required for credit)

**Please return completed applications to Linda Cuesta, David Geffen School of Medicine at UCLA, 12-159 CHS. Box 951720
Los Angeles, CA 90095-1720 Telephone: (310) 206-0245 FAX: (310) 794-9574**