



RESEARCH ELECTIVE REQUEST FORM

David Geffen School of Medicine at UCLA

- Research should be for a significant period of time, usually the full six weeks.
- A maximum of **six weeks** of research (600 level) and/or In-Depth Electives (100 level courses) may be applied toward the 30 week elective requirement. For example, if you receive credit for 4 weeks of research, you may only receive credit for 2 weeks of an In-Depth elective.
- Research electives cannot be applied toward the 24 weeks of elective clinical experiences
- 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 third year
- UCLA vs. AWAY credit: Research electives taken at any of the UCLA hospital campuses and sponsored by a UCLA faculty member will be given "UCLA" elective credit, while those research experiences taken away from the UCLA hospital campuses will count towards the 12 weeks allowed for "AWAY" electives.
- Time taken off in the third year for research must be approved by the Dean of Student Affairs.
 - Student who have taken time-off from the medical school curriculum for research (NIH, PhD, etc), may **not** receive elective credit for research completed in the third year.
 - Arrangements must be made in advance to complete missed Doctoring 3 and Longitudinal Preceptorship days and/or assignments.
- Research must be approved (formed signed) by the Director of Student Research prior to the start date. No retroactive credit will be granted.

Please allow approximately 10-14 business days for this application to be processed by the SAO so please plan accordingly. You will receive an e-mail when this request is approved.

Student's Name /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 (Must work a minimum of 40 hrs/wk)	Number of Weeks (May not be less than 3 weeks)

Contact Information of Research Mentor (final evaluation requests will be sent to this address)

Research Mentor Telephone #	Research Mentor's E-mail Address (Please print clearly)
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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) _____

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

**Please return completed applications to Monica Perkins, David Geffen School of Medicine at UCLA, 12-159 CHS,
Box 951720 Los Angeles, CA 90095-1720 Telephone: (310) 825-6282 FAX: (310) 794-9574**

Office Use Only

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

Approval Signature (Required for credit)