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 (form 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)

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

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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

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Final Approval: Judith Gasson, Ph.D.  Approval Signature (Required for credit)
Senior Associate Dean for Research