

# 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.**

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## 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, 3<sup>rd</sup> floor, suite 3415.

**FOR ACADEMIC AFFAIRS USE ONLY:**

Research scheduled in MUSOM Scheduling system:  Yes  No