RESEARCH ELECTIVE REQUEST FORM
David Geffen School of Medicine at UCLA

- 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.
- A minimum of 3 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 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.
- UCLA research mentors must have a UCLA faculty appointment. Away research mentors must hold a faculty appointment at their respective site.
- The responsible conduct of research, including IRB and ARC approval and appropriate training of students, is the responsibility of the faculty mentor.
- In order to receive elective credit, student must be enrolled in the MD curriculum during the proposed research dates.
- Research must be approved by the Associate Dean for Medical Student Research and Scholarship prior to the start date. No retroactive credit will be granted.

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. Please plan accordingly!

________________________________________ _______________ ______________
Student’s Name /Phone and/or beeper # Class of     Today’s Date

________________________________________
Dates of Elective Location/Facility Research Course # Number of Weeks
(May not be less than 3 weeks)

Will the student receive any money for this elective (circle one)? Yes   No

DESCRIPTION OF RESEARCH (Attach additional sheet if needed):

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

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

_______________________________________________ ______________________________________________
Research Mentor’s Name Research Mentor’s Signature

_______________________________________________
Research Mentor’s Phone # Research Mentor’s E-mail Address (Please print clearly)

It is the mentor’s responsibility to ensure that appropriate IRB or IACUC approvals are obtained for research studies. Mentor, please indicate if the appropriate approvals have been obtained, or indicate that IRB or IACUC approval is not applicable.

IRB / IACUC approved (circle one)? Yes   No   N/A

IRB / IACUC approval number/date (Include the IRB or IACUC approval information, if applicable):

Please submit completed application with your request in MyCourses to add a Research Elective to your schedule
For questions, please contact Shamar Jones snjones@mednet.ucla.edu (310) 825-0725

Office Use Only

Final Approval:   Linda G. Baum, M.D., Ph.D.  
Associate Dean for Medical Student Research and Scholarship   Approval Signature (Required for credit)/ Date

Updated: 11/03/16