

Keck School of Medicine of USC

Research Elective Request

Return completed form to Roland.Rapanot@med.usc.edu

Research electives are to be developed by the student and a sponsoring faculty member according to the student's interest. Research must be scheduled for a minimum of two weeks. No more than eight weeks of elective credit will be given for research. Research rotations should be scheduled as **two, three, four, five, six, seven, or eight weeks** of continuous research or two four-week blocks of research. Students should plan to spend at least 40 hours per week on a research project.

Students must submit typed petitions for approval of their projects on MedOASIS **at least six weeks** prior to beginning the proposed research elective.

Upon completion of the research block, the student must submit one of the following to the Faculty Sponsor and the Office for Medical Student Research Programs:

- 1) Manuscript/Manuscript Draft
- 2) A minimum 2-page Research Report or ePoster containing, but not limited to, the following information: Background, Purpose, Goal, Hypothesis, Methods, Results, Summary and Conclusion (We understand that students may have limited results. Please explain any barriers to the study).

The faculty sponsor must review and approve the final product before submitting the Student Performance Evaluation within four weeks of completion of the project.

Will the student receive a stipend for this project? Yes No

Please note: Students may not receive course credit for research projects for which a stipend is received.

Student Information

Name _____ Class Year _____

Email Address _____ Phone Number _____

Date of Submission _____

Faculty Sponsor Information

Name _____ Academic Title (NOT degree) _____

Institutional Affiliation _____

Email Address _____ Phone Number _____

Faculty Sponsor Department _____

Assistant or Administrator's Contact Information _____

**If request is for an international research elective, students must also complete the International Elective Petition and submit to Annette.Girion@med.usc.edu

Project Information

You may attach a separate sheet if necessary.

Proposed Title _____

Proposed Location _____

Start Date _____ Number of Weeks _____ Hours per Week (minimum 40) _____

Type of Project

Basic Science Clinical Educational Large Database Other (please specify)

1. Brief Project Summary & Goals

2. Student's Role

3. Weekly Timeline of Student's Contribution to the Project (week 1, week 2, etc.)

The following questions are to be completed **by the Faculty Research Sponsor** and **reviewed with the student**.

4. Educational objectives for the student to achieve during the research elective block.

1. _____

2. _____

3. _____

5. Frequency of meetings between the faculty mentor and the student. Although we recommend daily meetings, a minimum of weekly meetings is required.

6. Any research group meetings, journal clubs, research lectures, and/or conferences that the student will attend as part of the elective, including frequency of meetings. It is our expectation that students are given the same inclusion in these events as other members involved in the research project.

7. Regulatory Approvals-please mark one of the following and attach appropriate documents:

Documentation of Regulatory Approval (e.g., IRB, IACUC) that includes the student's name on personnel list of protocol.

Proof of pending addition of student to protocol.

No IRB/IACUC approval is required for your research study. Please explain:

8. If IRB/IACUC approval or addition of student to IRB/IACUC protocol is pending, please also include the following:

1. Expected time frame to obtain approval from the regulatory office
2. Educational activities that student will perform, such as literature reviews, write-ups or practice of a technical skill related to the project, while waiting to be added to the appropriate protocols
3. Educational activities student will work on in the event that regulatory approvals cannot be obtained for research project

Faculty Sponsors: It is considered inherent in your role as the Research Elective Faculty Sponsor that your relationship with the student will include training in critical analysis of relevant literature as well as the validity of the student's methods, results and analysis of the project, and assurance that students comply with all applicable regulatory requirements and research ethics including, but not limited to, those required by the IRB/IACUC/Bio-safety approvals, as appropriate. It is required that students only perform research activities that are approved by the university regulatory departments.

As the Faculty Sponsor for this research elective, I attest that I have reviewed and agree with the information proposed on this Research Elective Request.

Faculty Sponsor Signature _____ Date _____

As the Medical Student, I attest that I have reviewed all information on this petition with my Faculty Sponsor and understand the objectives and expectations for this research elective.

Student Signature _____ Date _____

Once the Research Elective Request has been completed, please:

1. Waitlist for the course on MedOASIS
2. Upload this form into MedOASIS:
 - On your schedule, go to the "Actions" column
 - Click on "Research Info"
 - Add File
 - Click on "Upload"
 - Click on "Save"