



Tailor-Made Research Elective Proposal and Registration

STUDENT INFORMATION			
Name (Last, First, MI)	Life Number:	Program	
DIRECTIONS			
STEP 1: Develop the elective together with your mentor. Fill out this form completely. Please note that the summary of your elective project must describe work that is reasonable to complete during the time requested. It is helpful to describe prior progress and where this work fits within any longer term plans for the project. Sign the form.			
STEP 2: Meet with your mentor so that they can review your form and sign.			
STEP 3: At least 2 weeks before the anticipated start date of your elective: Email the signed form to electives@mssm.edu . If any modifications are required we will contact you with details. We will obtain approval from director of MRSO.			
STEP 4: Wait for an email confirmation indicating that the elective has been approved. The approved elective will also show in Student Schedule (Summary) on student.mssm.edu .			
STEP 5: After your elective ends: It is your responsibility to make sure that your elective is graded. Send the Clinical Elective Grade/Evaluation Form to your mentor for grading. This completed and signed form should be sent to electives@mssm.edu .			
Please note: <ul style="list-style-type: none"> • 40 hours are required to receive one week of elective credit • No retroactive credit will be granted for an elective • One week electives will only be considered for projects that you have worked on before. • Any request for an elective greater than 4 weeks in length requires additional approval by the Associate Dean of Student Affairs 			
ELECTIVE INFORMATION			
Project Title: (100 character limit):			
Start Date:	End Date:	Hours per week:	Total # of Weeks:
Instructions: Please attach a 1 page summary, focused on what you will be doing during the elective. Prepare this together with your mentor. Be specific about what your role will be, particularly if this is a project that several people are involved in, or if you have worked on the project before. Carefully consider whether the proposed project is feasible within the amount of elective time requested. Your project proposal should include the following: <ul style="list-style-type: none"> • Background • Hypothesis • Specific Aims • Research Design and Methods, including analysis • Potential pitfalls and barriers to success • Timeline 			
Previous Work on this Project: If you have previously worked on this project or one closely related, please complete the following questions:			
Dates of previous work on this project:			
When was the project conducted? Summer OR Scholarly Year OR Other (please describe):			
Was previous work on this project for elective credit? Yes or No			

SIGNATURES AND AGREEMENTS

Formal letter(s) confirming approval and agreement to policies may be attached in lieu of written signature(s)

Mentor/Preceptor:

- I have accepted this student for a research elective under my supervision.
- I will ensure that the student has a well-defined research experience that is feasible within the amount of time requested.
- I understand that the student must spend at least 40 hours per week under supervision in order to receive one week of credit.
- I agree to submit an evaluation of the student's work within 6 weeks of the completion of the elective experience to the **Icahn School of Medicine at Mount Sinai, Office of the Registrar.**

Name:	Department:
Email:	Phone:
Mentor Signature:	Date:

Director of Dual Degree Program (MD/PhD or MD/MPH) if applicable.

- Proposed research elective has my approval.

Faculty Signature:	Date:
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Student:

- I will not be under the direct supervision of any family members or individuals with whom I have a personal relationship.
- I understand that to earn elective credit I must apply in advance of carrying out the elective.
- I have written the attached project description in my own words.
- I understand that 40 hours of work are required to fulfill one week of elective time

Student Signature:	Date:
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Send this form when completed to: electives@mssm.edu

For office use only:

Director or Associate Director for Medical Student Research

- Proposed research elective has my approval.

Faculty Signature:	Date:
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