

**Northwestern University
Feinberg School of Medicine**

Application for Research Credit Towards M.D. Degree Requirement

Name: _____

Research Preceptor: _____ **Phone:** _____

Department: _____

Office Address: _____

Period of proposed project: _____

Describe any concurrent clinical activity in which you participate:

Research Plan

Purpose: What question(s) are to be answered by the proposed project? How do these questions relate to the major research effort under way in the preceptor's laboratory?

Methods: Describe the experiments or other activity by which you propose to answer these questions. What methods, equipments, animals, preparations and techniques are to be used?

Results: In what form will the results be presented? What tables, graphs, photos, micrographs, etc. do you anticipate?

Analysis: How do you plan to analyze your results? What, if any statistical analyses or other techniques will be used to extract information from your findings?

Interpretation: What meaning(s) might be projected for the possible outcomes of this project relative to current knowledge in this field?

Comments: Other comments which any help the review committee to judge the soundness of your research plan,

Signed: _____

Date: _____

Return to: Medical Student Registrar one month in advance of your need for approval of research credit towards your M.D. requirement. Office of Registration and Records, Ward 1-003, Chicago Campus.

Approval Signature: _____

Date: _____