Feinberg School of Medicine

Research Elective Request Form

Name:
Email:
Date of Application:

Title of Project:
Is this AOSC-related research?

Elective Time Requested:
What do you intend to accomplish in the allotted time and what will be the specific outcome?
Project Description (include your specific role on the project):
Project Mentor (include email):

Y/N
If no, name/email of AOSC mentor:
AOSC small group Leader:

Project Mentor Approval

By my signature, I recommend this student be allowed to schedule the elective time requested above in order to complete the proposed outcome. In my estimation, it is a reasonable amount of time in which to complete the stated work.
signature
date
name

date
signature

Craig Langman, MD
Director of Medical Student Research

This student’s research elective is approved for scheduling.
Form must be submitted to the Registrar (Stephanie Miller mailto:s-miller8@northwestern.edu) 2 weeks in advance of the requested time.
A copy will be forwarded to your research mentor.