

RESEARCH ELECTIVE APPROVAL FORM

Date: _____ Student ID #: _____

Student Name (Last, First, Middle): _____

Course/Rotation Title: _____

Name of School/Hospital: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Research Mentor: _____

Dates of Course/Rotation: _____ to _____

Course is approved as: _____ Research Elective			
_____ <i>Signature – Research Mentor</i> <i>UTSW Department</i>	_____ <i>Date</i>	_____ <i>Signature – Assoc. Dean for Medical Student Research</i> <i>UTSW Approving Official</i>	_____ <i>Date</i>
_____ <i>Printed Name – Research Mentor</i> <i>UTSW Department</i>		_____ <i>Printed Name – Assoc. Dean for Medical Student Research</i> <i>UTSW Approving Official</i>	

NOTE TO STUDENT:

After the elective credit is approved and arrangements have been finalized, please return the following to the Registrar’s Office (M2.200):

- This completed/approved form
- A completed Add/Drop form or Late Add/Drop form (as appropriate)

NOTE REGARDING GRADES: Written verification of your satisfactory completion of the above course/rotation must be received from the Associate Dean for Student Research in order to received academic credit. Appropriate forms are available in the Office of the Registrar. Starting with the 2005-2006 academic year, UT Southwestern Medical Center no longer accepts Honors “H” as a valid grade. In accordance with the new policy, any evaluation form graded Honors will be changed to Pass in the official student record.