



OFFICE OF STUDENT AFFAIRS
6431 Fannin, MSB G.400
Houston, Texas 77030
713-500-5160 FAX 713-500-0616

Special Project Request Form

Must be submitted to Office of Student Affairs for AWAB, AWAC, AWAD and
UTMSH Special Project (Ad Hoc) Electives
**Due 60 days prior to start of the elective (written explanation must
accompany if less than 30 days)**

Student Name _____

Begin Date _____

End Date _____

If dates change, student must notify Student Affairs

Title of Project _____

Medical School Clinical Appointment Yes No

Name of Evaluating Physician/Supervising Investigator _____

If so, where _____

Evaluator's Institution, Department, Address, Phone, and Email _____

Course Description:

Objectives:

Student time commitment (must be at least 30 hours/week): _____

Method of Evaluation (i.e., examination, direct observation of clinical performance): _____

Comments:

By signing below, I certify that the student will work at least 30 hours/week as part of this elective.

Course Director (Please Print)

Course Director's Signature

Email Address

Phone Number

UTMS Student Certification:

By signing below, I certify that the evaluating physician is not a member of my family.

Student Signature

UTMS Student Affairs Use Only:

Approved:

SPEC _____ AWAB 4001 _____

AWAC 4001 _____ AWAD 4001 _____

Asst./Assoc. Dean for Student Affairs

Date