

Special Project Request Form

Must be submitted to Office of Student Affairs for AWAB, AWAC, AWAD and Special Project Electives (Clinical and Research)

Due 30 days prior to start of the elective (written explanation must accompany if less than 30 days)

OFFICE OF ADMISSIONS & STUDENT AFFAIRS
6431 Fannin, MSB G.400 | Houston, Texas 77030
ms.studentaffairs@uth.tmc.edu

Student Name _____

Start Date _____

End Date _____

***If dates change, student must notify OASA**

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

I am part of the Academic Career Focus Track: Yes No

OASA Use Only:

Approved:

SPEC _____ AWAB 40 _____

AWAC 4001 _____ AWAD 4001 _____

Asst./Assoc. Dean for Student Affairs

Date