# UNIVERSITY OF CENTRAL FLORIDA
# COLLEGE OF MEDICINE
# FOURTH YEAR (M4)

**PETITION FOR SPECIAL INDEPENDENT/RESEARCH STUDY @UCF (MDR 8900)**

**This form must be completed/approved 6 weeks prior to the independent/research study start date. Failure to do so may result in a "not for credit" elective month.**

- ✓ You must complete all sections of this petition form and obtain all signatures before you will be registered for the course for credit. (You must be registered in order for liability coverage to be in effect.)
- ✓ No credit will be granted for work for which a student has been paid.
- ✓ Student may not be supervised by a parent or relative.

**STUDENT NAME**: _____ **PID**: _____

**Rotation Start Date**: _____ **Rotation End Date:** _____

**Duration of Elective:** ☐ 4 Weeks ☐ 2 Weeks ☐ Other: _____

**Title:** _____

**Study Question:** _____

**Background:** _____

_____

**Anticipated Product:** _____

_____

UCF COM Supervising Faculty/Contact Person (Please Print)

_____

UCF COM Supervising Faculty/Contact Person E-Mail Address Supervising Faculty/Contact Telephone #

_____

Student's Signature Date

_____

UCF COM Assistant Dean for Medical Education Signature Approval Date

_____

UCF COM Associate or Assistant Dean for Students Signature Approval Date

FOR OFFICE USE: APPROVED_____ PEOPLESOFT_____OASIS_____STUDENT_____DENIED_____

**APPENDIX A**