



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

PETITION FOR RESEARCH IN SPECIAL TOPICS AWAY - UP TO ONE YEAR (MDE 8969)

**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: _____

Away Supervising Faculty/Contact Person E-Mail Address Away Faculty/Contact Telephone #

Away Location/Institution Address, City, State & Zip Code

Student's Signature Date

UCF COM Associate or Assistant Dean for Students Signature Approval Date

FOR OFFICE USE: APPROVED _____ PEOPLESOFT _____ OASIS _____ STUDENT _____ DENIED _____