



**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 \_\_\_\_\_