



## Extracurricular Research Activity Approval Form

**Students are required to have this form completed AND approved to participate in ANY extracurricular research activities (research done outside the curriculum, i.e. NOT FIRE).** By signing this form you are indicating that you understand the need for an IRB approval and ongoing mentorship by a faculty member affiliated with UCF COM. Should you need more information regarding the IRB process, please visit [www.research.ucf.edu/compliance/irb.html](http://www.research.ucf.edu/compliance/irb.html)

**THIS FORM MUST BE SUBMITTED TO THE OFFICE OF STUDENT AFFAIRS AT LEAST ONE WEEK PRIOR TO THE START OF THE ACTIVITY.** Please submit completed forms to Soraya Smith via email at [soraya.smith@ucf.edu](mailto:soraya.smith@ucf.edu) or via fax at (407) 266-1389.

Student Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Current Class:  M1  M2  M3  M4

Project Title: \_\_\_\_\_

Participation Dates: \_\_\_\_\_

Frequency of research activity (daily, weekly, etc.): \_\_\_\_\_

Location of research activity: \_\_\_\_\_

**Brief Description:**

**Type of Research:**

- Bench (lab)  Clinical Trial
- Chart/Patient Record Review  Other: \_\_\_\_\_

Will your project involve direct human contact?  YES  NO

Does your project require IRB approval?

YES Please provide IRB number: \_\_\_\_\_

NO If no, why not? \_\_\_\_\_

**Description of your responsibilities:**

**Faculty Approval:**

Faculty Supervisor Name: \_\_\_\_\_

Faculty Supervisor Signature: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Associate or Assistant Dean for Students Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

Approved:  YES  NO