



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

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 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 of Research Activities:

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? _____

Faculty Approval:

Faculty Supervisor Name: _____

Faculty Supervisor Signature: _____

OR

Forwarded Email Approval YES N/A

Student Signature: _____

Associate or Assistant Dean for Students Signature: _____

Date: _____

Approved: YES NO

I have reviewed the information set forth above and confirm that the student is actively enrolled in a course of study or training program with the University of Central Florida College of Medicine, and that his/her participation in the Extracurricular Student Activity set forth above enhances and broadens the student's studies and training program with said college.