



M4 Research Independent Studies Home and Away Rotations

This form must be completed and approved 6 weeks prior to the rotation start date. Failure to do so may result in a “not for credit” elective month.

- You must complete all sections of this petition form & attachments 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: _____

Date: _____

Rotation Start Date: _____

Rotation End Date: _____

Duration of Elective:

4 Weeks

2 Weeks

_____ **Petition for HOME Research Course Credit (MDR 8900)**

(green section)

_____ **Petition for AWAY Research Course Credit (MDX 8900)**

(purple section)

For HOME Research courses, UCF IRB approval is required **prior** to submitting this completed form for credit. Credit may be denied if UCF IRB approval has not been obtained prior to the date of student signature.

Research Project Title: _____

Specialty project is most closely related to: _____

Study Question: _____

Background:

Anticipated Goals/Outcomes:

Supervising UCF Faculty Name

Email Address

Contact Telephone #

Faculty Signature for research approval & certification I am UCF COM Faculty

Initial that you understand and/or have completed each of the following for this HOME research credit:

1. I have confirmed that the supervising faculty is currently UCF COM affiliated via [directory search here](#): ____
2. I certify that UCF IRB approval has been obtained : ____
3. As part of this study I will not require site or EMR access to OH, AH or HCA Osceola: ____

Student Signature: _____

Date: _____

Elective Director Signature or Student Affairs Dean: _____

Date: _____



**M4 Research Independent Studies
Home and Away Rotations**

Student Name: _____

Date: _____

Rotation Start Date: _____

Rotation End Date: _____

Duration of Elective: _____ 4 Weeks _____ 2 Weeks

For AWAY Research courses, UCF IRB approval AND another accredited site’s IRB (if required) is required **prior** to submitting this completed form for credit. Credit may be denied if IRB approval has not been obtained prior to the date of student signature.

Research Project Title: _____

Specialty project is most closely related to: _____

Study Question: _____

Background:

Anticipated Goals/Outcomes:

Away Institution Name: _____

Address, City, State, & Zip Code: _____

Away Institution Supervising Faculty or Contact Person: _____

Supervising Faculty Email Address: _____

Contact Telephone #: _____

Away Institution Supervising Faculty Signature (NOTE: Applicable ONLY IF you are setting this rotation up directly with the supervising faculty and not through the host institution): _____

Initial that you understand and/or have completed each of the following for this AWAY research credit:

1. I certify that IRB approval has been obtained: _____
2. I will attach a copy of the supervising faculty’s approval of the project terms above: _____
3. I understand that it is my responsibility to provide the supervising faculty with the UCF Evaluation form (found on 4th year GPS) before the end of the project, and to provide them with instructions on submitting the form to the Registrar’s Office: _____

Student Signature: _____

Date: _____

Director Signature or Student Affairs Dean: _____

Date: _____