



School of Medicine

Office of the Dean

Mail code: L102
3181 SW Sam Jackson Park Rd
Portland, Oregon 97239-3098
tel 503 494-8220
fax 503 494-3400

Office of Admissions

tel 503 494-2998

Continuing Medical Education

Mail code: L602
tel 503 494-8700
fax 503 494-0392

Development and Alumni Relations

tel 503 494-0723

Diversity Affairs

tel 503 494-1681

Education and Student Affairs

tel 503 494-8228

Graduate Medical Education

Mail code: L579
tel 503 494-8652
fax 503 494-8513

Graduate Studies

tel 503 494-6222

www.ohsu.edu/url

RESEARCH ELECTIVE REQUEST FORM

(PLEASE COMPLETE AND RETURN TO THE CLERKSHIP COORDINATOR OF THE DEPT YOU ARE REQUESTING A RESEARCH ELECTIVE FOR THEIR APPROVAL*)

Name	Yr in School	Today's Date
Title/Description of Research	# of weeks	
Start Date of Elective	End Date of Elective	
Number of credits (1 credit = 40 hours of work)		
Name of Attending Overseeing Research		
Address of Attending if not OHSU or VAMC		

I, _____, request permission to take the above Research Elective.

1. Student Signature _____

2. Attending Signature _____

3. OHSU Dept Approval _____

(Please forward to Marcia DeCaro in the Dean's Office for final approval after above signatures have been obtained)

4. OHSU Dean's Office Approval _____

*Please attach an outline of the research project as designed by student and attending.

(CRN ____)