



School of Medicine

Office of the Dean

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Office of Admissions

tel 503 494-8220

Continuing Medical Education

Mail code: L602
tel 503 494-8700
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Development and Alumni Relations

tel 503 494-0723
fax 503 418-1025

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

Summer Research

PART I: TO BE COMPLETED BY OHSU MEDICAL STUDENT

I, \_\_\_\_\_, request permission to take the
following elective course\*:

JCON 701S – Summer Research (1 credit)

AT:

Name of Institution: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Approval of OHSU: \_\_\_\_\_

(Signature of dept or Dean’s Office Official)

\* Note: A \$60 charge will be added to your OHSU account once this research
elective has been approved and scheduled.

OCA: \_\_\_\_
Schd: \_\_\_\_