

Global Experience at Non-OUWB Affiliate Request for Approval

Instructions: To enable an appropriate review of your request to participate in a global experience at a non-affiliated institution or program, please provide all of the requested information and return to

Please allow at least 8 weeks for this review process.

Section I: Student Information

Name:	Class of:
Date of departure:	
Date of return:	

Section II: Project Information

Name of Project:
Sponsoring Institution:
Location of Sponsoring Institution:
Name of physician/mentor/project director:
Title: _____
Contact: email _____ Phone _____
(If a non-Beaumont physician, please attach his/her CV)
Location of project (if multi-site, list all locations where you will be):
Length of time at site:
<div style="display: flex; justify-content: space-between;"> Start date: End date: </div>

Section III: Student Role

Project goals:
Duration of total project:
What phase of the project is occurring now?
Target population (include gender, age, size of n):
List all collaborating institutions/organizations/government agencies:
Funding source for project:
Has the project received IRB review and approval? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
Which IRB is reviewing the proposal and when was it submitted?
Is this a new IRB or an extension submission? <input type="checkbox"/> New <input type="checkbox"/> Extension
Will you be functioning in a medical capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe your role with this project:
List your learning objectives for this experience.
Is your role in this a one-time experience or will it be on-going?
Are other medical school students involved at this site? <p style="text-align: center;">_____ Yes _____ No</p>
Disclose any relationship or conflict of interest you may have relating to this summer project.

Section V

<p>My request for OUWB approval is based on: (check all that apply)</p> <p>A. Approval only <input type="checkbox"/></p> <p>B. Elective credit <input type="checkbox"/></p> <p>C. Documentation on transcript <input type="checkbox"/></p> <p>D. Internship credit <input type="checkbox"/></p> <p>E. Request for financial assistance <input type="checkbox"/></p>

Signature: _____ **Date:** _____