



OAKLAND UNIVERSITY WILLIAM BEAUMONT

Directed Independent Research Elective Scheduling Form

This form must be completed and submitted six **(6) weeks prior to the start date** to receive appropriate credit. If an affiliation agreement is required, submit at least 90 days prior to the start of the elective. Affiliations must be completed 37 days prior to the start of the elective. Completed forms and supporting documentation may be submitted to OUWB School of Medicine Records and Registration (medreg@oakland.edu). Incomplete or late applications will not be forwarded for approval.

Student's Name: _____ Last 4 of G-Number: _____

Email: _____ Graduating Class: _____

Focus of the Directed Independent Research Elective:

Start Date (month/day/year): _____ End Date (month/day/year): _____

Total Weeks of Credit Requested: _____ (4 weeks max)

A maximum of 4 weeks (of the required 16 weeks of electives required for the M.D. degree) may be earned for research credit.

Research electives must be dedicated time; at least 2 weeks of consecutive unscheduled time must be set aside on the student's schedule in order to receive credit for the research elective. No other experiences may be scheduled concurrently during the Directed Independent Research elective.

Fundamental Requirements:

1. Directed Independent Research electives at the Oakland University William Beaumont School of Medicine may be designed to receive 2 to 4 weeks of elective credit to apply toward the M.D. degree. The elective may be repeated once, but the student may only receive up to 4-weeks total of elective credit towards the M.D. degree.
2. The workload required by the research project should be appropriate for the number of hours of credit proposed. Research electives should be complementary to the student's overall medical school experience and career goals and not to be used to supplant other clinical or educational experience.
3. Research electives are by definition self-designed because the demands necessary for a particular research project are unique to the project. Fundamental concepts and basic medical research should be addressed through the educational experience, lecture, discussion with faculty supervisor, or active participation by the student during the rotation.



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4. The faculty supervisor for the Directed Independent Research must be a faculty member of Oakland University or the OUWB School of Medicine, unless prior approval is received from the Associate Dean for Undergraduate Clinical Education for an outside-of-OUWB Independent Research experience.

Prior to the elective research experience:

1. Along with this form, students are required to submit a two (2) page plan for the research elective to Records and Registration and the Associate Dean for Undergraduate Clinical Education outlining the focus of the research, the proposed plan of action, a statement of expected and required outcomes, any essential resource requirements and an assessment plan for grading the research elective. The eligible grades for a Directed Independent Research are Honors/Pass/Fail.

Upon completion of the research experience:

1. A two (2) page description of what was accomplished during the research elective must be submitted to the Associate Dean for Undergraduate Clinical Education.
2. A completed **non-clinical performance evaluation form** must be received from the faculty supervisor overseeing the research within 5 days of the completion of the elective. Completed evaluations may be forwarded to medreg@oakland.edu.

Directed Independent Research Elective Supervisor (print):

Directed Independent Research Elective Supervisor's Signature:

Supervisor's Email:

Research Elective site:

Address:

Phone/Fax #:



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Add/Drop Registration

By completing the following Add/drop portion, you are authorizing Records and Registration to make the requested schedule changes if your Directed Independent Research Elective request is approved by the Associate Dean for Undergraduate Clinical Education. All changes must comply with OUWB policies.

ADD/DROP	Subject	Course #	Course Name	Course Location	Course Dates

Registration Agreement and Promise to Pay

By signing this registration form, I understand that I will be registered and/or dropped from the courses listed above. I assume financial responsibility for the education-related charges associated with my student account. In the event my account becomes past due, I acknowledge that a hold will be placed on my account, prohibiting the release of transcripts and possible de-registration from future semesters.

By registering for courses at Oakland University, I acknowledge that I have read and am accepting the Student Business Services Terms and Conditions found at: www.oakland.edu/sbs/terms.

Student Signature Date

OFFICE USE ONLY

Associate Dean for Undergraduate Clinical Education (or designee) Signature: _____
Date: _____

Approved Not Approved

Director of School of Medicine Records and Registration (or designee) Signature: _____
Date Processed: _____

Affiliation needed: Yes No