



OAKLAND UNIVERSITY WILLIAM BEAUMONT

### **Directed Independent Research Elective Scheduling Form**

This entire form must be completed and submitted four **(4) weeks prior to start date** to receive appropriate credit. Submit this form with the required information to Records and Registration (medreg@oakland.edu).

Student's Name: \_\_\_\_\_ Student Number: G \_\_\_\_\_

Email: \_\_\_\_\_

Graduation Class: \_\_\_\_\_

Research Topic: \_\_\_\_\_

Research Start Date (month/day/year): \_\_\_\_\_

Research End Date (month/day/year): \_\_\_\_\_

Total Weeks of Credit Requested: \_\_\_\_\_

Is this research for your capstone project? Yes ☐ No ☐

**A maximum of one month (of the required 4 months of electives required for the M.D. degree) may be earned for research credit.**

Research electives must be dedicated time; at least one month 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 one month 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 from one month of elective credit to apply to the M.D. degree. The elective may be repeated up to three (3) times, but the student may only receive one (1) month of elective credit towards the M.D. degree.
2. The workload demanded 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.
4. The faculty supervisor for the Directed Independent Research must be a faculty member of Oakland University or the OUWB School of Medicine.



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### **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 the Associate Dean for Undergraduate Medical Education outlining including the focus of the research, the proposed plan of action, a statement of expected and required outcomes, any essential budgetary or resource requirements and an assessment plan for grading of the research elective. The eligible grades for a Directed Independent Research are Pass and Fail.

### **Upon completion of the research experience:**

1. A two (2) page description of what was actually accomplished during the research elective must be submitted to the Associate Dean for Medical Education.
2. A completed assessment form must be received from the faculty supervisor overseeing the research. Indicate below who should receive the Directed Independent Research assessment form.

Dir. Independent Research Elective Supervisor (print): \_\_\_\_\_

Dir. Independent Research Elective Supervisor's Signature: \_\_\_\_\_

Research Elective site: \_\_\_\_\_

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

Phone/Fax #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Supervisor's Email: \_\_\_\_\_

Associate Dean for Undergraduate Medical Education (or designee) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Approved

☐ Not Approved

Director of School of Medicine Records and Registration (or designee) Signature: \_\_\_\_\_

Date Processed: \_\_\_\_\_