

COLUMBIA UNIVERSITY
COLLEGE OF PHYSICIANS & SURGEONS
OFFICE OF THE ASSOCIATE DEAN
OF STUDENT AFFAIRS

PERMISSION TO *ENROLL* IN A FOURTH YEAR RESEARCH ELECTIVE

STUDENT: _____

DATES OF RESEARCH: _____

E-MAIL ADDRESS: _____

RESEARCH PRECEPTOR: _____

DEPARTMENT: _____

MEDICAL CENTER NAME AND LOCATION: _____

Title of Project _____

Objectives:

Methods:

COLUMBIA UNIVERSITY
COLLEGE OF PHYSICIANS & SURGEONS
OFFICE OF THE ASSOCIATE DEAN
OF STUDENT AFFAIRS

Role of Student:

A Two Page Research Summary, to be submitted to the Student Affairs Office, is required to receive credit for the elective. Please ask Jessica Ash for the form.

FOR THE COURSE DIRECTOR

*I have agreed to accept _____ (student) to participate in the indicated elective for _____ (month/ year). At the conclusion of the elective, an evaluation of the student's performance will be returned to the Office of Student Affairs (P&S 3-401). Additionally, Student is responsible for ensuring that an evaluation is on file **NO LATER THAN TWO WEEKS AFTER THE END OF THE ELECTIVE.***

FACULTY MEMBER SIGNATURE

FACULTY MEMBER ADDRESS AND CONTACT PHONE NUMBER

FOR THE SENIOR ASSOCIATE DEAN OF STUDENT AFFAIRS

Student has met with me to discuss adding the above elective. I have granted my approval to do so.

LISA A. MELLMAN, M.D.
SENIOR ASSOCIATE DEAN FOR STUDENT AFFAIRS