

DCOM Student Scholarly Activity and Research Form: OMS III and IV

Students planning to conduct any Scholarly Activity (e.g. research, case report, survey, etc.) must meet with a mentor to discuss potential research projects before completing this form. The Student will submit the form on behalf of the Student, Physician Mentor, Preceptor/Supervisor, and Clinical Dean.

All scholarly activity should be conducted outside the designated 40 hours/week rotation schedule.

Failure to submit this form may result in denial of any future research travel funds or publication cost requests.

•
Student Name:
DCOM Class Year:
Contact Information (phone/email):
This project requires approval from (check all that apply): IRB*
chemicals requires IBCSC review.
Scholarly Activity/Research Mentor (and campus):
Project of interest (brief description and relevant notes regarding feasibility): For the project listed above, please include a description of the timeline for completion and
expected outcomes/deliverables (e.g., poster presentation, manuscript, etc.)

Student:		
Physician/Research		
vientoi		
Preceptor/		
Supervisor:		
Clinical Dean:		
	Type Name	Digital Signature
Gromley (adam.gro	ie Freeman (natalie.freeman@	your campus Research Director: Imunet.edu) and Harrogate: Dr. Adam beginning work on the project. nt to all parties.
Approved by:		
Research Director:		
	Type Name	Digital Signature

Revised: 03-29-22