

SOUTHWESTERN

APPROVAL FORM RESEARCH ELECTIVES

Date: _____

Student's Name: _____

Course/Rotation Title: _____

Name of School: _____

Address: _____

Telephone: _____

Research Mentor: _____

Dates of Course/Rotation: _____ to _____

Course is approved as: _____ Research Elective

*Signature – Research Mentor
UTSW Department*

*Signature - Associate Dean for Medical Student Research
UTSW Approving Official*

Printed Name – Research Mentor

Printed Name -Associate Dean for Medical Student Research

After the elective credit is approved and arrangements have been finalized...

Return the form to the Registrar's Office with a completed ADD/DROP form to assure the posting of this elective to your schedule.

***Note to Student:**

Written verification of your satisfactory completion of the above course/rotation must be received from the Associate Dean for Student Research in order to receive academic credit. Appropriate forms are available in the Office of the Registrar. The grade of Honors is no longer accepted as a valid grade. Any evaluation form graded Honors will automatically be changed to Pass in the official student record.

RETURN THE APPROVED FORM TO REGISTRAR'S OFFICE IN M2.200