



OFFICE OF STUDENT AFFAIRS  
6431 Fannin, MSB G.400  
Houston, Texas 77030  
713-500-5160 FAX 713-500-0616

# Special Project Request Form

Must be submitted to Office of Admissions and Student Affairs for AWAB, AWAC, AWAD and MMS Special Project Electives  
**Due 30 days prior to start of the elective (written explanation must accompany if less than 30 days)**

Student Name \_\_\_\_\_

Begin Date \_\_\_\_\_

End Date \_\_\_\_\_

If dates change, student must notify Student Affairs

Title of Project \_\_\_\_\_

Name of Evaluating Physician/Supervising Investigator \_\_\_\_\_

Medical School Clinical Appointment  Yes  No

If so, where \_\_\_\_\_

Evaluator's Institution, Department, Address, Phone, and Email \_\_\_\_\_

### Course Description:

### Objectives:

Student time commitment (must be at least 30 hours/week): \_\_\_\_\_

Method of Evaluation (i.e., examination, direct observation of clinical performance): \_\_\_\_\_

### Comments:

By signing below, I certify that the student will work at least 30 hours/week as part of this elective.

\_\_\_\_\_  
Course Director (Please Print)

\_\_\_\_\_  
Course Director's Signature

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

### UTMS Student Certification:

By signing below, I certify that the evaluating physician is not a member of my family.

\_\_\_\_\_  
Student Signature

### MMS Admissions and Student Affairs Use Only:

Approved:

SPEC \_\_\_\_\_  AWAB 4001 \_\_\_\_\_

AWAC 4001 \_\_\_\_\_  AWAD 4001 \_\_\_\_\_

\_\_\_\_\_  
Asst./Assoc. Dean for Student Affairs

\_\_\_\_\_  
Date