



HOFSTRA NORTHWELL
SCHOOL of MEDICINE
AT HOFSTRA UNIVERSITY™

Research Elective Proposal Form

Hofstra Northwell School of Medicine
Student Research Advisory Committee
500 Hofstra University
Hempstead, NY 11549-5000
email: tiffany.m.jordan@hofstra.edu

Directions: Please fill out the form to the best of your ability. All submissions must be made at least eight weeks prior to the start date of the proposed elective. Your proposal will be reviewed by the Student Research Advisory Committee in order to determine if you will receive credit for the planned activity. Please visit the committee's website for guidance on how to fill out this form: http://medicine.hofstra.edu/about/leadership/academicaffairs/academicaffairs_srac.html.

Please include the following when submitting this form: Proof of IRB Approval (listing you as a participant)

Please indicate which category your proposal is in: Basic Science Clinical Medical Education

Section I: Student Information

Student Name

Date of Submission

Proposed Elective Dates

Section II: Mentor Information

Mentor Name

Mentor Email

Hofstra ID# (if Hofstra Northwell SOM Faculty)

Do you have previous
experience working with this
mentor? If so, please describe.

Section III: Project Information (to be completed by student - feel free to attach a separate document for the following section)

Project Title

Project
Hypothesis

Where will this project take place?

Specific Aims/
Research
Questions

Methods (300
words max.)

Section III: Project Information continued (feel free to attach a separate document for the following section)

Predicted
Outcomes

What is your role
in the project?

Section IV: Student Certification

I understand that the Student Research Advisory Committee will notify me when my proposal has been reviewed. If my proposal is not approved, I understand that I will not be granted credit for this research.

Student Signature

Date

Section V: Mentor Certification (to be completed by mentor)

Have any Hofstra Northwell School of Medicine students participated in this project in the past? Yes No

Does this project have IRB/IACUC protocol approval? Yes No Has the student been added to the IRB? Yes No

I understand that, if approved, the student submitting this form will receive research elective credit for this experience. I understand that I will be expected to submit an evaluation for this student and will do so in a timely manner.

Mentor Signature

Date