

RESEARCH ELECTIVE FORM

Student's Name:

Level: DS

HSC Identifier #:

Date:

SELC 7027 Special Research Elective "*Protocol Development*"

Course Completion verified by Mentor:

Department:

Signature:

Date:

SELC 7028 Special Research Elective "*Completion of Individually Designed Research*"

Course Completion verified by Mentor:

Department:

Signature:

Date:

SELC 7029 Special Research Elective "*Manuscript Preparation and Presentation of Individually Designed Research*"

Course Completion verified by Mentor:

Department:

Signature:

Date:

Approved by Associate Dean for Academic Affairs:

Signature:

Date:

Approved by Director for Research:

Signature:

Date:

1. Student obtains mentor's signatures which indicate courses have been completed
2. Student submits verified/signed form to Noemi Hinojosa (Dental Dean's Office Room 4.320R) for Dr. Oates' review and approval
3. The Associate Dean for Academic Affairs will sign and approve the form and forward it to the Registrar's Office for recording