

**4th year Independent/Research Elective Proposal Form**

Instructions: complete this form with the mentor who has agreed to supervise your project. Save pdf as: **last name, first name IR proposal block#.pdf** and send via email to Ms. Valentine at lvalentine@med.cuny.edu

Suggested timeline:

- 8 weeks before start date: finalize project and get signature of mentor. Submit proposal for review.
- **No proposal will be accepted less than 6 weeks before elective start date.**

If needed, request transcripts online: [Transcript Requests](#)

Student's name:  Citymail:

Mentor's name:  Mentor's Email:

Start Date:  End Date:  Desired elective block(s):   
 (Please use a Monday start date) (Please use a Friday end date)

1. Type of Project:  Research  Independent

2. Title of Project:

3. Location of Project:

4. Project Description in detail and your role (min 150 words narrative):

5. In consultation with your preceptor, what is the expected outcome by the end of the 4 week elective? (eg paper, presentation, or acquisition of specific skills).

6. Additional Comments:

Student Signature:

Date:

**To be completed by the elective mentor:**

I have reviewed this student's proposal and agree to 1) supervise this student and 2) submit an evaluation of the student's achievement of the project's objectives and quality of final project, as described in items 4 and 5 above, at the end of the elective period.

Mentor's Signature:

Date:

Mentor's Title:

---

**For Office of Student Affairs use ONLY**

approved: yes

no

Signature

Date:

Associate Dean, Office of Student Affairs, for the Elective Oversight Committee

Elective Course Number

Elective Topic

# of credits

Comments: