

Submission Date: _____

Name of Student: _____

GW ID Number: _____

GW SMHS Course Information

All GW SMHS Course information can be found on the SMHS MD Online Clinical Course Catalog, [available here](#).

GW SMHS Course Number: _____

Course Title: _____

Week Numbers/Dates Taking the Course: _____

Mentor Information

Name of Mentor (must be GW faculty member): _____

Mentor's Email Address: _____

Mentor's Phone Number: _____

Project Title: _____

Brief Project Description: _____

Project Objectives: _____

Project Deliverables: _____

Required Approval Signatures

1) Mentor: _____

I have reviewed the proposed duration of this research elective (2 weeks, 4 weeks, 6 weeks) and agree with the proposed duration, which is the minimum required time necessary to meet the proposed objectives listed above.

- I acknowledge that in addition to providing guidance and supervision during the project timeframe, I, the noted mentor above, am responsible for submitting an official evaluation within the outlined SMHS grading deadlines for all courses.

2) GW SMHS Advising Dean: _____

What to Expect Next:

- This completed form must be submitted to the MD Registrar's Office (registrarmd@gwu.edu);
- The MD Registrar will enroll you in the above-mentioned course for the stated weeks and send a confirmation email to the student.
- This completed request form will be saved to your record.