CALIFORNIA NORTHSTATE UNIVERSITY
COLLEGE of MEDICINE

Honors Medical Research Request
COM 901 (1 cr; P/F)

9700 West Taron Drive, Elk Grove, CA 95757

REQUIREMENTS AND ELIGIBILTY

COM 901 provides students with an opportunity to collaborate with faculty on medical research.

Requirements & Responsibilities

- The student must have a minimum of one COM faculty advisor, but can also have a non-COM faculty/community physician supervisor with whom the research is conducted.
- The supervisor should be familiar with research in the relevant discipline (s), to ensure that the direction and monitoring of the student's progress is informed by up to date subject knowledge and research developments. Breadth of experience and knowledge of the supervisor will mean that the student always has access to someone with experience of supporting research students through to successful completion of their scholarly project.
- The student and supervisor must arrive to an agreement regarding the research topic, the timeline, and the amount of contact time for the progress of the project.
- The student is responsible for taking the CITI courses (a basic course for all students, and a more oriented course for those students that need IRB approval).
- The student is responsible for other aspects of the project, including enlisting the aid of any required supervisor, coordinating communication with the supervisor and the faculty advisor, helping the supervisor in obtaining the necessary protocol approvals (IRB, IACUCC, IBC) if needed, developing the hypothesis of work, performing the planned study, preparing a document with the results, data analysis, and conclusions, and preparing the poster for the Research Day (check COM academic calendar for event date).
- The student is required to meet with the faculty advisor, weekly.

Specifics & Eligibility

- Student must be in good academic standing and not on academic probation;
- Pre-requisite: COM623 Self-Directed Scholarly Project;
- 1 credit is assigned per 36 hour week of course participation;
- Completed request form AND all supporting documentation must be submitted to the Registrar to be officially registered for the course.

STUDENT & COURSE INFORMATION (Please write legibly)

Student Name:_____
First Middle Last

Student ID #:_____ Class of (cohort):_____

Term & Year of Planned Course: ☐ Fall 20_____ ☐ Spring 20_____

COM Faculty Advisor:_____Dept:_____

Faculty Sponsor (responsible for assessment and grading):_____

Company/Organization:_____

Number of Credits (1 credit is assigned per 36 hour week of research):_____ Number of Weeks:____ Number of Hours per Week:____

Course Start Date:____/____/_____ Course End Date:____/____/_____

Course Description & Method of Evaluation
(Completed by student and instructor; attach separate document):

Agreement Signatures

Student Signature: _____Date: _____

Faculty Advisor Signature:_____Date: _____

Faculty Sponsor Supervisor Signature:_____Date: _____

Assistant Dean of Research:_____Date: _____

OFFICE OF THE REGISTRAR USE ONLY COM901 Section_____(01, 02, etc.)

Date Received:_____ Date Registered:_____Processed By:_____ Rev. 05/18 OR