



THE UNIVERSITY of TEXAS

MEDICAL SCHOOL AT HOUSTON

A part of The University of Texas Health Science Center at Houston

OFFICE OF STUDENT AFFAIRS

6431 Fannin, MSB G.400

Houston, Texas 77030

713-500-5160 FAX 713-500-0616

Special Project Form

Must be submitted to Office of Student Affairs for AWAB, AWAC, AWAD and UTMSH Special Project (Ad Hoc) Electives

Due 60 days prior to start of the elective (written explanation must accompany if less than 30 days)

Student Name

Begin Date

End Date

If dates change, student must notify Student Affairs

Title of Project

Medical School Clinical Appointment Yes No

Name of Evaluating Physician

If so, where _____

Physician's Institution, Department and Address

Course Description:

Objectives:

Student time commitment (must be at least 30 hours/week):

Method of Evaluation (i.e., examination, direct observation of clinical performance):

Comments:

I certify that the student will work at least 30 hours/week as part of this elective.

Course Director (Please Print)

Course Director's Signature

Office Location

Phone Number

UTMS Student Affairs Use Only:

Approved:

SPEC 4000 _____ AWAB 4001 _____

AWAC 4001 _____ AWAD 4001 _____

Asst./Assoc. Dean for Student Affairs

Date