

# APPLICATION FOR DEPARTMENTAL 198 SUPERVISED STUDY ELECTIVE

## STUDENT INSTRUCTIONS

1. Submit the form **at least 4 weeks prior to the start of the work** being done. **If the form is not submitted by this deadline, you may not be able to receive credit for your work.**
2. If your primary supervisor does not hold a full or volunteer clinical faculty (VCF) UCSF appointment, you will need to find a secondary supervisor with a UCSF appointment. Individuals with full or VCF appointments should be listed in the UCSF Directory (<https://directory.ucsf.edu>).
3. After your credit is approved, it is your responsibility to add the course to your study list for the appropriate term(s). **BE VERY CAREFUL TO ADD THE DEPARTMENTAL 198 COURSE (e.g., MEDICINE 198 AND NOT IDS 198!)**

## SECTION I: Background Information

STUDENT NAME: \_\_\_\_\_ GRADUATION YEAR: \_\_\_\_\_

SUPERVISED STUDY UCSF DEPARTMENT: \_\_\_\_\_ COURSE #: 198

UCSF FACULTY SUPERVISOR NAME: \_\_\_\_\_  
(Note that the Faculty Supervisor must have an appointment in the above UCSF department)

UCSF FACULTY SUPERVISOR EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ELECTIVE DATES: \_\_\_\_\_

NUMBER OF WEEKS (a maximum of 4 weeks can be applied to 4<sup>th</sup> year graduation elective requirements): \_\_\_\_\_

FORM SUBMISSION DATE: \_\_\_\_\_

## SECTION II: Supervised Study Plans

- A. Learning Objectives and their linkage to competency milestones** (<http://meded.ucsf.edu/ume/md-competencies>): Your learning objectives (typically 3-6) should describe what you will be able to do by the conclusion of your supervised study.

Learning Objective	Competency domain	Relevant milestone(s)

**B. Supervised Study Summary**

**C. Learning Activities:** Describe what you will do and how this will fill 40 hours per week.

**D. Learning Resources:** What resources will you use to meet your learning objectives? (e.g., textbooks, websites, faculty experts).

**E. Expected Outcome/Product:** Examples include a report, manuscript, web resource, or score on an examination.

**F. Plan for Communication with your Faculty Supervisor:**

**SECTION III: Supervisor Attestation**

My signature verifies that I: (1) support all of the plans in the student’s proposal; (2) will provide constructive feedback to the student at the midpoint of their supervised study work; and (4) will submit an evaluation of the student’s performance at the conclusion of their supervised study.

\_\_\_\_\_  
UCSF Supervisor Name                      Supervisor Signature                      Date

**SECTION IV: Approval Signatures**

\_\_\_\_\_  
UCSF Department Course Director Name      Department Course Director Signature      Date

\_\_\_\_\_  
UME Advisor Signature                      Date

\_\_\_\_\_  
Associate Dean of Curriculum                      Date

