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 4th 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.

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<th>Learning Objective</th>
<th>Competency domain</th>
<th>Relevant milestone(s)</th>
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Revised 10/26/15
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