

Medicine

PETITION & AUTHORIZATION in BMS Curriculum

Check one box

BMS 7880	Special Topics/Projects	<input type="checkbox"/>	XXX 7996	Research	<input type="checkbox"/>
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Human Subjects & Records: Certification of WSU HIPAA training is prerequisite to approval for project/research involving direct contact with human subjects, materials and/or records.

MUST be completed and approved to receive credit toward Ms in BMS degree.

DEADLINE: Completed with Instructor Signatures due to BMS program within 4 weeks prior to the start of term.

Name _____, I.D. # _____ hereby requests permission to register for:

Course# _____, CRN# _____ for _____ credits during _____ term.

The study is projected to be completed by _____

Description of Study: Discuss the project with your Instructor before preparing this document. If possible confine responses to the spaces provided. Instructor signature signifies concurrence to instruct & evaluate project.

Project Description: (Include key references, methods, etc.)

Significance of project to your training:

How will project be evaluated? (Oral/written reports, papers, exams, etc.)

Instructor: By signing below, you are assuming responsibility for ensuring that required HIC and AIC protocols are enforced and that students have completed required HIPAA and animal training, respectively.

Print Instructor Name _____	/ Faculty Rank: _____
Dept: _____	Phone#: _____
Grad. Faculty Appt. to: _____	Email: _____
Signature: _____	Date _____

Approved: with qualifications: _____ Date _____
Graduate Officer

Cc: Graduate Officer of Course Cited Above