

**Request for Independent Study Project Exemption - Dual Degree**

Please print clearly or type all information.

*Please note: Work done prior to matriculation at UCSD School of Medicine will not qualify a student for exemption from the ISP.*

Student Name: \_\_\_\_\_

I request an exemption from the Independent Study Project because I am completing or have completed a Ph.D., Master's, or other advanced degree program while at UCSD School of Medicine and request that my thesis (or thesis equivalent) be accepted in lieu of an ISP.

Degree type: \_\_\_\_\_

Program/Institution: \_\_\_\_\_

Graduate Advisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Project Title: \_\_\_\_\_

Anticipated date of completion: \_\_\_\_\_

I understand that if I should not complete the advanced degree program as planned, I will be obligated to fulfill the ISP requirement. I also understand that the Ph.D. or Master's/advanced degree must be conferred by May 1 of the year I graduate from UCSD School of Medicine. If enrolled in a non-UCSD program, I will submit documentation of receipt of degree and a copy of the thesis or thesis equivalent.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

-----For office use only-----

Approved: \_\_\_\_\_  
Chair, Electives Committee

\_\_\_\_\_  
Date

**Please return this form to:  
ISP Coordinator  
Office of Undergraduate Medical Education/Mail Code 0729/MTF 162A  
ph: 858-822-2014/fx: 858-822-3067**