

## Request for Independent Study Project Exemption – Research Year

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 will be completing a well defined year of full-time research while at UCSD School of Medicine. I request that this work be accepted in lieu of an ISP.

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

Program Director: \_\_\_\_\_

Research Mentor (if known): \_\_\_\_\_

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

Project Title (if known): \_\_\_\_\_

Anticipated dates of program: \_\_\_\_\_

I understand that if I should not complete the research program as planned, I will be obligated to fulfill the ISP requirement. I also understand that I must complete the research program by May 1 of the year I graduate from UCSD School of Medicine.

\_\_\_\_\_  
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**