

FORM C

INDEPENDENT STUDY PROJECT PROPOSAL INFORMATION

Instructions (student is responsible for ensuring form is received by UGME office):

- *Student completes top sections, non-chair ISP Committee Members complete bottom section (if not UCSD faculty, please provide a Curriculum Vitae). Forms may be submitted by each Committee Member separately.*
- *Return completed form to ISP Coordinator via fax (858-822-3067), campus mail (0729), or bring to the UGME Office (MTF 162A).*
- *Email option: Student may email form to ISP Committee Members who complete their section with electronic signatures or equivalent and email form **directly** to ISP Coordinator at cdoran@ucsd.edu.*
- *Questions? Contact ISP Coordinator at cdoran@ucsd.edu or 858-822-2014.*

*****TO BE COMPLETED BY STUDENT*****

Student Name:		Grad Yr:	
ISP Title:			

Please define your project as (check one):	<input type="checkbox"/> Scientific Research	<input type="checkbox"/> Community Service	<input type="checkbox"/> Medical Education
	<input type="checkbox"/> Analysis of a Scientific or Medical Problem	<input type="checkbox"/> FCM-ISP	
	<input type="checkbox"/> Other (please explain):		
Approximate dates work will begin and end:			

A written proposal describing your project thoroughly but succinctly should accompany Forms A-D and must include the following (additional proposal guidelines are in the ISP Handbook):

- A. Background: Include a concise summary of the background literature which provides the context and rationale for the proposed work.
- B. Definition: If project is scientific research, the hypothesis must be stated clearly. If it is a community service or educational project, the scope of the project and specific objectives should be defined clearly.
- C. Methods: How will the project be done? State the specific role you will play in project. How will you evaluate whether goals have been achieved?
- D. Clarify what the final format of your ISP will be. A written report stating the objectives and how they were met or hypothesis (if applicable) and conclusion is required for each ISP.

*****TO BE COMPLETED BY NON-CHAIR ISP COMMITTEE MEMBERS*****

Please complete the information below. This indicates you have read the student's ISP proposal and agree to serve on his/her committee. If not UCSD faculty, please provide Curriculum Vitae.

Name, Degree, Dept:		Phone:	
Signature:		Email:	
Name, Degree, Dept:		Phone:	
Signature:		Email:	

Revised 1/09

This form must be submitted no later than MAY 1 of year three.
ISP Handbook on the Web: http://meded.ucsd.edu/ugme/isp_handbook/