



Scholarly Concentrations Program  
 Morsani College of Medicine  
 University of South Florida  
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**SCHOLARLY CONCENTRATIONS PROGRAM ELECTIVE APPLICATION**

The Scholarly Concentrations Program (SCP) ELECTIVE allows students to work in conjunction with a faculty mentor from the University of South Florida Morsani College of Medicine. Through this experience, students will have the opportunity to fulfill the capstone project requirement unique to the Scholarly Concentrations Program. This application must be approved by the faculty mentor and concentration leader. Proposals must include objectives, work products and an emphasis of study and be discussed with the faculty leader before undertaking this elective. All signatures on this form are required. Signed forms must be submitted to the Scholarly Concentrations Program office in the Office of Educational Affairs (MDC 1100) before the start of the period.

**Part I (To be completed by the student)**

Name \_\_\_\_\_ Student ID Number **U** \_\_\_\_\_

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

**EMPHASIS OF PROJECT (TITLE OF CAPSTONE PROJECT)**

\_\_\_\_\_

Location \_\_\_\_\_ Concentration \_\_\_\_\_

Period \_\_\_\_\_ Inclusive dates \_\_\_\_\_

**WHAT IS YOUR PRIMARY PURPOSE IN DOING THIS CAPSTONE PROJECT?\***

\_\_\_\_\_

\_\_\_\_\_

*\*Example: "I want to complete my study of patient care of PTSD patients for my scholarly concentration capstone project."*

**LIST UP TO 3 LEARNING OBJECTIVES AND CORRESPONDING WORK PRODUCTS**

	Objectives*	Work Products*
1		
2		
3		

*\*Example: "I will evaluate and participate in management of 15 patients with PTSD in the outpatient clinic."*

*\*Example: "I will write a case report on a patient with >20 relevant references on interesting diagnostic, etiologic, therapeutic issues."*

**Student signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Part II (To be completed by the faculty mentor)**Name of Faculty Mentor  Department Student will report to (Location) Number of unsupervised hours per week (if applicable) Number of clinical hours per week (if applicable) Number of laboratory hours per week (if applicable) Number of didactic hours of instruction per week (if applicable) Will specific reading assignments be given?  
If yes, indicate number of hours per week **TOTAL HOURS PER WEEK** Method(s) of Evaluation (Check all that apply): Paper Presentation Other

Comments:

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**REQUIRED SIGNATURES**

Faculty Mentor \_\_\_\_\_ Date \_\_\_\_\_

SC Faculty Leader \_\_\_\_\_ Date \_\_\_\_\_

SCP Director \_\_\_\_\_ Date \_\_\_\_\_