**Clinical Research Methods Workshop (CRMW) Registration Contract**

**Directions:** Complete sections I and II. Please type or print clearly using blue or black ink. Section III should be completed by your supervisor or fellowship director before returning to:

**Memory Bacon, MBA**

**CTSI**

**Medical College of Wisconsin**

**8701 Watertown Plank Road. Suite H2800**

**Milwaukee, WI 53226-0509
 OR
E-mail: mbacon@mcw.edu**

NOTES:

* Those wishing to return this contract by e-mail should scan the document after all sections have been completed and send to the e-mail address above.
* Completed forms should be submitted no later than **August 18.**

**Section I. General Information**

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

Fellowship Program (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester Enrolled: **FALL 2014**

MCW E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Non-MCW E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution (e.g., MCW, VAMC, CHW, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area(s) of Research Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Fellowship Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section II: Registration Options & Student Commitment**

There are three registration options available to course participants. Please indicate your preference by placing a check in the appropriate box.

|  |  |
| --- | --- |
| [ ]  OPTION 1 | **Complete CRMW Course for Academic Credit ($815):** If you are interested in receiving academic credit for the course, **you will need to apply for admission to the MCW Graduate School of Biomedical Sciences by July 1st. Application options are as follows:**[Apply for admission to a graduate program at MCW](http://www.mcw.edu/graduateschool/howtoapply.htm?docid=23633) (e.g., Master of Science in Clinical and Translational Science) IF you will be pursuing other courses during the CRMW course toward a degree.OR[Apply for admission as a non-degree seeking student](http://www.mcw.edu/graduateschool/admissionnondegree.htm?docid=23640) IF:-CRMW is the only graduate course you are interested in completing at this time-You intend to apply course credit toward a degree program at a later date**The application fee is $50. Tuition for the course registration is $765. If you do not register for the course through the MCW Graduate School’s electronic registration system by August 1st, you may be subjected to a $100 late fee.** Proof of course credit will appear on a transcript forever available through the MCW Graduate School. A grade will be assigned for all students in this category. |
| [ ]  OPTION 2 | **Audit CRMW Course through the MCW Graduate School ($150):** If you are interested inproof of course credit via a transcript forever available from the Graduate School at MCW but do not wish to be graded, you may audit the course by [applying for admission to the Graduate School as a non-degree seeking student](http://www.mcw.edu/graduateschool/admissionnondegree.htm?docid=23640). The application fee is $50 and **application for admission should be made to the Graduate School prior to July 1st.** **If you do not register with the Graduate School by August 1st, you may be subjected to a $100 late fee.**  **The audit fee is $100.**  |
| [ ]  OPTION 3 | **Complete CRMW Course for Certificate of Completion from the Clinical & Translational Science Institute (CTSI) of Southeast Wisconsin (Free):** Registration forthe course is satisfied by the completion and submission of this registration contract. No additional registration in the MCW Graduate School is required. No grade will be assigned. At the end of the course, students who attended classes regularly and completed all course assignments will be given a “**certificate of completion**” signed by the course director. This certificate will be the only proof students have that they successfully completed the course. The MCW Graduate School will not be able to supply proof of completion at a later time. This option is adequate for fellows in clinical departments who may need to take this course as part of their fellowship, but for whom official academic credit is not required. |

**Section II: Registration Options & Student Commitment** (continued)

I have read this contract and agree to attend all Clinical Research Methods Workshop classes. My supervisor or fellowship director understands the commitment associated with completing the Clinical Research Methods Workshop Course. I agree to meet with my research supervisor/ fellowship director during this course in order to begin exploring appropriate research questions. I understand that I will not be receiving graduate credit for the Clinical Research Methods Course unless I am admitted to the MCW Graduate School of Biomedical Sciences.

Student’s Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Section III: Advisor Agreement and Signature**

**(To be completed by supervisor or fellowship director)**

I understand and support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s (name of student) responsibilities for completing the Clinical Research Methods Workshop Course. I understand that he/she must attend all classes. I understand that he/she will not be receiving credit for the Clinical Research Methods Workshop course unless he/she applies and gains acceptance to the MCW Graduate School of Biomedical Sciences.

Supervisor/Fellowship Director’s Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Fellowship Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_