PROPOSAL FOR EXTRAMURAL / TAILOR-MADE ELECTIVE

INSTRUCTIONS: This form is used to propose an elective on campus (tailor-made) which is not in the Course Selection Book or to obtain approval to receive credit for an elective off-campus (extramural) at another institution. Complete appropriate section for extramural or tailor-made. ALL required signatures must be obtained and form submitted to the Office of the Registrar in order to be approved and registered. Any form submitted less than four weeks (see Add/Drop Policy in the Course Selection Book) prior to the start of the elective will be charged a $20 late fee paid.

Student Name: ____________________________ Date: _____________

Desired Dates: START ________ END ________ # WEEKS ________

SHOULD BEGIN WITH A MONDAY & END WITH A FRIDAY

☐ TAILOR-MADE (On Campus - Not in Course Selection Book - May be research or specially designed elective)

Proposed Elective Title: ____________________________

Dept: ____________________________ Faculty Preceptor: ____________________________

Tel #: ____________________________ Fax #: ____________________________ E-mail Address: ____________________________

Provide a detailed description of the educational activities you will be participating in during this elective:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Faculty Preceptor's Signature: ____________________________ Date: _____________

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☐ EXTRAMURAL (Off-Campus) ELECTIVE TITLE: ____________________________

Institution:

Note: If institution is NOT affiliated with an LCME accredited (US) medical school, description of activities must be completed above.

Dept: ____________________________ Faculty Preceptor: ____________________________

Address Evaluation Form To Be Sent: ____________________________________________

Telephone Number: ____________________________

Fax #: ____________________________ E-mail Address: ____________________________

Required for all transactions

Suny Downstate Department Chair: ____________________________ Date: _____________

(Of Corresponding Department) Signature

Clin Asst Dean Signature: ____________________________ Date: _____________

Student Signature: ____________________________ Date: _____________

For Office of the Registrar Use Only

Entered on Database / / Course Number Assigned: ____________________________ Staff Initials ____________________________

Original - Registrar Student - Yellow Clinical Asst Dean - Blue 07/04