



THE STATE UNIVERSITY OF NEW YORK DOWNSTATE HEALTH SCIENCES UNIVERSITY
OFFICE OF THE REGISTRAR
BASIC SCIENCE BUILDING 1-112 MSC 98

PROPOSAL FOR EXTRAMURAL / TAILOR-MADE ELECTIVE
COLLEGE OF MEDICINE

INSTRUCTIONS: This form is be 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 dates on website) prior to the start of the elective will be charged a \$20 late fee paid.

STUDENT NAME: _____ SID: _____
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: _____
PRINT NAME

I UNDERSTAND PRECEPTOR CANNOT BE A RESIDENT OR A FELLOW

TEL #: _____ FAX #: _____ E-MAIL ADDRESS: _____
PRINT NAME

PROVIDE A DETAILED DESCRIPTION OF THE EDUCATIONAL ACTIVITIES YOU WILL BE PARTICIPATING IN DURING THIS ELECTIVE:

FACULTY PRECEPTOR'S SIGNATURE: _____ DATE: _____
REQUIRED

EXTRAMURAL (OFF-CAMPUS) ELECTIVE TITLE: _____

Is this an INTERNATIONAL ELECTIVE? NO YES

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 AT SUNY DMC) SIGNATURE
CLINICAL ASSISTANT 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 10/2016