



STATE UNIVERSITY OF NEW YORK DOWNSTATE MEDICAL CENTER  
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 Policy in the Course Selection Book) 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

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**π 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 09/2016