Registration For Electives At Other Schools

Name_________________________________________ Date________

Life#_________________________________________ Phone__________________________

This form is for electives listed in the other school’s elective catalog. For a tailor-made elective, complete the Tailor-Made Elective form instead.

Complete this form after the other school has accepted you for the elective.

Elective Title: ____________________________________________________________

Dates: _____/_____/_______ to ___/_____/______ Numbers of week______

Medical School: ___________________________ State:_________________________

Preceptor/Instructor:_____________________________________________________

☐ Elective Description from catalog is attached

☐ Copy of Acceptance letter is attached

MSSM Approval from corresponding Clerkship Director or Department Chair

__________________________  ______________________________
Signature  Clerkship/Department

__________________________  ______________________________
Name  Date

Office Use Only:

Code:________________________ Course ID:________________________ Processed:__/_____/___

Revised 12/14/05