



**Registration for Clinical Elective
At other School or Institution**

STUDENT INFORMATION			
Name (Last, First, MI)		Life Number:	Program
School Email:		☎ Phone:	
Student Signature:		Date:	
DIRECTIONS			
<p>STEP 1: This form is for electives listed in the other school's elective catalog. For a tailor-made elective please complete the Tailor Made Elective form instead.</p>			
<p>STEP 2: Complete this form after the other school has accepted you for the elective. Send the completed form to electives@mssm.edu. We will obtain Director of Student Electives approval.</p>			
<p>STEP 3: After your elective ends: It is your responsibility to make sure that your elective is graded. Send the Clinical Elective Grade/Evaluation Form to your mentor for grading. This completed and signed form should be sent by course director to electives@mssm.edu. A form from host institution with the grade is also acceptable.</p>			
ELECTIVE INFORMATION			
Elective Title: (100 character limit):			
Start Date:	End Date:	Hours per week:	Total # of Weeks:
Host School/Institution:			State/Country:
Preceptor/instructor:			
<input type="checkbox"/> Elective Description from catalog is attached <input type="checkbox"/> Copy of Acceptance letter is attached			
Send completed form to: electives@mssm.edu			
ISMMS APPROVAL (For office use only)			
Beverly Forsyth, MD, Director of Student Electives			
<input type="checkbox"/> Proposed clinical elective has my approval.			
Signature:			Date: