



**Clinical Tailor-Made Elective  
Proposal & Registration  
(Years 3 and 4)**

STUDENT INFORMATION		
Name (Last, First, MI)	Life Number:	Program

DIRECTIONS	
<b>STEP 1</b>	<b>At least <u>2 weeks</u> before the anticipated start date of your elective:</b> Fill out this form completely: be sure to complete the goals and objectives and description sections. Sign the form.
<b>STEP 2</b>	Meet with your mentor so that they can review your form and sign. We will obtain approval from director of student electives.
<b>STEP 3</b>	Email the signed form to <a href="mailto:electives@mssm.edu">electives@mssm.edu</a> . If any revisions are required we will contact you.
<b>STEP 4</b>	Wait for an email confirmation indicating elective has been approved. The approved elective will also show in Student Schedule (Summary) on student.mssm.edu.
<b>STEP 5</b>	<b>After your elective ends:</b> 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 to <a href="mailto:electives@mssm.edu">electives@mssm.edu</a> .

**Please note:**

- 40 hours are required to receive one week of elective credit
- No retroactive credit will be granted for an elective
- You are permitted one 1-week elective (40 hours completed within a consecutive 7 day time period); students also are permitted one additional 1-week elective in the form of a longitudinal elective (40 hours of elective time completed over a period of weeks or months). All other electives must fall between 2-4 weeks in length.
- Any request for an elective greater than 4 weeks in length requires additional approval by the Associate Dean of Student Affairs

ELECTIVE INFORMATION			
Elective Title: (100 character limit):			

Start Date:	End Date:	Hours per week:	Total # of Weeks:
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Goals/Objectives of Elective: (list at least 3)
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## ELECTIVE INFORMATION (cont'd)

**Description:** *In one page or less, describe your elective including main focus, setting, supervision, patient contact (if applicable), and student responsibilities. Please include details regarding the manner in which this elective will be an active learning experience (e.g. participation in case conferences, presentation of patients to preceptor):*

## SIGNATURES & AGREEMENTS

*formal letter(s) confirming approval and agreement to policies may be attached in lieu of written signature(s) on this form.*

### Mentor:

- I have accepted this student for an elective under my supervision.
- I will ensure that the student has a well-defined curriculum that supports the goals and objectives.
- I understand that the student must spend at least 40 hours per week under supervision in order to receive one week of credit.
- I agree to submit an evaluation of the student's work at the completion of the elective experience to the **Icahn School of Medicine at Mount Sinai, Office of the Registrar.**
- I agree that I will submit the student evaluation within 6 weeks of the completion of the elective.

Name:

Department:

Email:

Phone:

Mentor Signature:

Date:

### Student:

- I will not be under the direct supervision of any family members or individuals with whom I have a personal relationship.
- I will spend at least 40 hours per week in order to receive one week of credit.

Student Signature:

Date:

Send this form when completed to: [electives@mssm.edu](mailto:electives@mssm.edu)

## FINAL APPROVALS (For office use only)

### Director of Student Electives:

- Proposed Tailor-Made Elective has my approval.

Faculty Signature:

Date: