OUTSIDE ELECTIVE APPROVAL FORM

If you are arranging an outside clinical elective that is not at an LCME-accredited medical school you must obtain prior approval from a BUSM faculty member, in the same field as the proposed elective, and the Chair of the Elective Curriculum Subcommittee or his designee. A copy of the course syllabus, which includes the goals and objectives, along with a letter from the preceptor confirming his/her willingness to precept you and the method by which your performance will be evaluated and graded. All of the materials must be submitted for review 30 days prior to the start of the rotation. Please attach this form to your supporting documentation.

Outside Elective Information:

Student Name: ___________________________________________
Course Title: ____________________________________________ Start Date ____ End Date ____ Block # ____
Preceptor Name: _________________________________________
Preceptor Address: ________________________________________
____________________________________________________

Authorization Signatures:

BUSM Faculty: ________________________________
Print Name: ________________________________
Chair, Elective Curriculum SubCommittee (or designee): ________________________________
Print Name: ________________________________

PLEASE RETURN THIS FORM TO THE OFFICE OF THE REGISTRAR, A-414.