

*BUSM ELECTIVE APPROVAL FORM*

*To request credit for an elective that has been arranged with a member of the BUMC faculty, that is not listed in the 4<sup>th</sup> Year Elective Catalog, you must obtain approval from the Chair of the Elective Curriculum Subcommittee or his designee. The approval form along with the course syllabus, that includes the goals and objectives, must be submitted for review **(30) days prior to the start of the rotation.** Please attach this form to your supporting documentation. Completed paperwork should be submitted to the Office of the Registrar, Room A414*

*Student Name (please print)* \_\_\_\_\_

*Elective Information:*

*Title* \_\_\_\_\_

*Supervisor* \_\_\_\_\_

*Hospital* \_\_\_\_\_

*Street Address/Room Number* \_\_\_\_\_

*Start Date* \_\_\_\_\_ *End Date* \_\_\_\_\_ *Block #* \_\_\_\_\_

\_\_\_\_\_  
*Approval: Chair, Elective Curriculum Subcommittee or designee* *Date* \_\_\_\_\_

\_\_\_\_\_  
*(Please print name)*