

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 SubCommitte (or designee): _____

Print Name: _____

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