



Boston University Chobanian & Avedisian School of Medicine
 Registrar's Office
 72 East Concord Street, A-414
 Boston, Massachusetts 02118
 T 617-358-7552 F 617-358-7551
bumc.bu.edu/busm/education/registrar-office/

OUTSIDE ELECTIVE APPROVAL FORM

If you are arranging an outside elective that is not at an LCME-accredited medical school, or is not offered as part of the 4th year elective catalog of an LCME-accredited institution, you must obtain prior approval from a BU Chobanian & Avedisian School of Medicine faculty member, in the same field as the proposed elective, and from the Chair of the Elective Curriculum Subcommittee or their designee.

A form must be accompanied by the following documents to be considered:

- A copy of the course syllabus, which includes the goals and objectives,
- A letter from the preceptor confirming their willingness to precept you and the method by which your performance will be evaluated and graded.

All materials must be submitted for review at least 30 days prior to the start of the rotation.

Student Name _____

Course Title _____

Start Date _____ **End Date** _____

Site Name _____

Site Address _____

Preceptor Name _____

Preceptor Email _____

Authorization Signatures

BU CAMED Faculty _____ **Date** _____

Print Name _____

Chair, Elective Curriculum Subcommittee _____ **Date** _____

Print Name _____

Please email this form to ldyson@bu.edu or return to Office of the Registrar, A-414