



**Boston University** Chobanian & Avedisian School of Medicine  
 Registrar's Office  
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[bumc.bu.edu/busm/education/registrars-office/](http://bumc.bu.edu/busm/education/registrars-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 4<sup>th</sup> 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 [camedreg@bu.edu](mailto:camedreg@bu.edu) or return to Office of the Registrar, A-414