



Boston University Chobanian & Avedisian School of Medicine
Registrar's Office
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T 617-358-7552 F 617-358-7551
bumc.bu.edu/camed/education/registrars-office/

CAMED 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 4th Year Elective Catalog, you must obtain approval from the Chair of the Elective Curriculum Subcommittee or their designee. The approval form, along with a 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, or camedreg@bu.edu.*

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 _____

(Signature)

(Please print name)