

Phase 3 Extramural & Self-Designed Elective Scheduling Form

Today's Date: _____

Use this form to:

1. Obtain approval for and schedule an elective that is not offered as a regular SLU School of Medicine elective.
2. Obtain approval for and schedule a self-designed elective, whether completed at SLU School of Medicine or at another institution.

DUE DATE: This form must be completed and turned in to the Office of Academic Records **at least 4 weeks prior** to the start date of the elective. **Incomplete forms will not be accepted.**

Student Name (Please print)			
Banner ID Number:			
Campus Mailbox No.:			
Current Status: (Check One)	Year 3 (M3) <input type="checkbox"/>	Year 4 (M4) <input type="checkbox"/>	

Please provide **all** of the following information about the course you are taking. The title of your elective should clearly describe the course of study. Self-designed electives and International electives **require** you to prepare and attach a description of the course. You may refer to an elective on the OCA website for an example.

Elective Title:			
Start Date:		End Date:	
		Course Length:(# of weeks)	

Please provide **ALL** of the following contact information about the elective director.

Course Director Name: (First and Last Name)				
Street 1:				
Street 2:				
City:		State:		Zip Code:
Country:				
Phone #:		Fax #:		
Name of individual evaluation should be sent to:				
E:mail Address to send evaluation to:				

Extramural or Self-Designed course director or educational coordinator approval: (You may attach a copy of your approval letter, e-mail or fax stating your approval, in place of the director or educational coordinators signed approval.)

Name: (Printed)	Signature:	Date:

Advisor's Signature: _____
Advisor Approval is not required for date change only

FOR OFFICE USE ONLY:

Schedule change made in ESS Date: _____ Initials: _____ Banner Subject & Course # _____

Schedule change made in Banner Date: _____ Initials: _____ CRN # _____