

Extramural Elective Proposal

Students will only receive credit for away electives that have been approved prior to the start of the elective. This form and supporting information must be filed with Records and Registration (216 O'Dowd) at least **thirty 30 days prior** to the start of the away elective. Please contact the Associate Dean for Medical Education if you have a question regarding the review process.

Student Name: _____

G-ID: G _____

Student Email: _____

Phone Number: _____

List all electives (OUWB and at other institutions) completed or electives that will be completed towards the M.D. degree. List elective title, institution, and location.

1. _____

2. _____

3. _____

4. _____

Elective Proposal

Title: _____

Host Institution: _____

Host Institution Address: _____

Elective Supervisor's name: _____

Title of elective supervisor: _____

Elective supervisor email and phone number: _____

If different from above

Elective Contact/Coordinator: _____

Elective Contact/Coordinator title: _____

Elective Contact/Coordinator email: _____

Elective Contact/Coordinator phone: _____

For electives located at institutions other than LCME-accredited U.S. medical school, not a part of VSAS, or one of the OUWB School of Medicine/Beaumont Health System affiliates, please provide the following documentation:

1. **Elective description.** The description should include a detailed account of the educational experiences which will occur on the elective, and the number of hours the student will spend weekly in clinical work.

2. **Elective goals and objectives.**

Note: It is the responsibility of the student to gather the above documents. The description, goals and objectives should be written by the organizers of the elective.

Internal Use Only:

Elective Approved ☐ Yes ☐ No

Approval of OUWB Department head (or designee):

_____ (Print) _____ (Signature)

Date: _____
See department contact lists attached.

Associate Dean for Medical Education Signature: _____
Date: _____

Director of SOM Records and Registration Signature: _____
Date: _____

Date Processed: _____