



OAKLAND UNIVERSITY WILLIAM BEAUMONT

586 Pioneer Drive  
216 O'Dowd Hall  
Rochester, Michigan 48309  
248-370-2771 – fax  
ouwbelectives@oakland.edu  
www.oakland.edu/medicine

### Extramural (Away) Elective Registration

An extramural (away) elective is an elective that is not under the direct supervision of the Oakland University William Beaumont School of Medicine faculty. This form must be completed for all VSAS and Non-VSAS Extramural Electives.

Extramural elective registration must be submitted at least 30 days prior to the start of the elective. Students should *allow 3-6 months* for the processing of an affiliation and submit a copy of their acceptance letter with this form.

Name: \_\_\_\_\_ Oakland Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Expected Grad Date: \_\_\_\_\_

#### Program Information:

Elective Title: \_\_\_\_\_

Elective dates: \_\_\_\_\_ Duration (in weeks): \_\_\_\_\_

Institution and Department: \_\_\_\_\_

Address: \_\_\_\_\_

Faculty Preceptor: \_\_\_\_\_

Preceptor Phone Number: \_\_\_\_\_ Preceptor Email: \_\_\_\_\_

OUWB Affiliate/VSAS institution: Yes NO

If No, please provide contact for affiliation agreement

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

*\*\*Records and Registration must receive a copy of your official acceptance letter from the host institution stating that you have been accepted prior to beginning the affiliation process. All affiliations must be completed 6 weeks prior to the beginning of the elective. \*\**

**Elective Description:**

Name: \_\_\_\_\_ 1

Date: \_\_\_\_\_

### Elective Management

Inpatient \_\_\_\_\_%    Outpatient \_\_\_\_\_%    Research \_\_\_\_\_%

### Student Requirements

Check all required clerkships that have been or will be completed prior to this elective:

<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Sub-internship
<input type="checkbox"/> Surgery	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Internal Medicine
<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Neurology	<input type="checkbox"/> Family Medicine
<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Psychiatry		<input type="checkbox"/> Emergency Medicine
		<input type="checkbox"/> Surgery

List current registered electives (include location):

Course #	Course Title	Location	Dates (Start and End)

### Registration

If approved, list the schedule adjustments that will need to be processed including the adding of the extramural elective.

Add/Drop	Subject	Course #	Course Name	Course Location	Course Dates

### Student Acknowledgment

I understand there may be additional costs/fees associated with enrolling in the extramural elective, traveling to the host institution, and/or securing housing as well as course enrollment at the host location and will assume financial responsibility for those incurred costs.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

Completed form with supporting documents may be emailed to [OUWBelectives@oakland.edu](mailto:OUWBelectives@oakland.edu), faxed to 248-370-2771, or submitted to School of Medicine Records and Registration in the CMSS suite, 216 O'Dowd Hall.

Name: \_\_\_\_\_ 2  
Date: \_\_\_\_\_

**OFFICE USE ONLY**