



# INDIANA UNIVERSITY

## SCHOOL OF MEDICINE

### Medical Student Education

## Special Elective Request Form

(for electives not in the IUSM Elective Catalog OR other LCME approved institutional catalog)

**Note: One Special Elective Request must be completed for each special elective requested**

Non-LCME accredited medical school special electives require completion of the Instructor and Course Addenda. International special electives require completion of the Instructor and Course Addenda as well as the International Elective Addendum.

1. Is this elective an elective that is offered by another LCME accredited school?      Yes      No

**Forms should be submitted to the Office of Student Affairs, Student Records Section: Medical Sciences Building, Room 162, no later than 1 month prior to the 1st day of the month in which the elective is scheduled to take place. For international electives, forms should be completed and submitted no later than 2 months prior to the 1st day in which the elective is scheduled to take place. Example: If an elective is to take place during the month of February, all materials must be submitted by January 1st.**

Final approval of this request will be made by the Office of Student Affairs after approval of those indicated above and completion of all necessary requirements.

- 2. Submission Date: \_\_\_\_\_
- 3. Student Name(Last Name, First Name, Middle Initial): \_\_\_\_\_
- 4. Student Email: \_\_\_\_\_ Phone: \_\_\_\_\_
- 5. Inclusive Start Date (MM/DD/YY): \_\_\_\_\_ Inclusive End Date (MM/DD/YY): \_\_\_\_\_
- 6. Course Title (if any): \_\_\_\_\_
- 7. Discipline of Course Offering: \_\_\_\_\_
- 8. Course Director: \_\_\_\_\_
- 9. Telephone: \_\_\_\_\_
- 10. Location: \_\_\_\_\_
- 11. Address: \_\_\_\_\_
- 12. Course Director Email: \_\_\_\_\_
- 13. Proposal Contact (if different from above): \_\_\_\_\_  
Name/Phone/Email: \_\_\_\_\_

14. Elective Type/Category (Choose One):

PD - Professional Development

AS - Advanced Science/Research (if Research, fill in Research Project Description and Student's Expected Role in Project)

CP - Clinical Practice

15. Course Description (from the Course Director) – attach longer descriptions if needed:

16. Student's Expected Role in Project (only if AS is chosen above) – attach longer descriptions if needed:

17. Course Objectives:

18. Duty Hours (include days/times):

19. Assessment Methods:

\_\_\_\_\_ Clinical Performance Evaluation (i.e. <https://iu.box.com/s/bewmvsud2anoebadoqe2>)

Professional Development Evaluation Form (<https://iu.box.com/s/z64nu6d5zg20xwy6npjpyd7hc75b9ugm>)

\_\_\_\_\_ Research Evaluation Form (i.e. <https://iu.box.com/s/fwh6a2klwk685h1bmeh9>)

\_\_\_\_\_ Other (Attach sample(s) of the assessment rubrics used in the elective)

Course Director Signature \_\_\_\_\_ Date \_\_\_\_\_

IUSM Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Lead Advisor \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Email approvals are accepted in lieu of actual signatures for the IUSM Department Chair, Course Director, and Lead Advisor and may be appended to the request form.

**OFFICE USE ONLY – APPROVALS**

Dean's Office – Medical Student Affairs

Date \_\_\_\_\_

Course#: 93 \_\_\_\_\_ 990

Elective Subcommittee

Date \_\_\_\_\_

Approved \_\_\_\_\_

Declined \_\_\_\_\_