INDIANA UNIVERSITY
SCHOOL OF MEDICINE

Medical Student Affairs
John D. Van Nuys Medical Science Bldg- 119
635 Barnhill Drive
Indianapolis, IN 46202-5120

_____
Last name, First, Middle Initial

_____
Date

MS III Elective Request

Instructions:

Approval to add or change an elective must be obtained from the course director or the Director of Medical Education if applicable. Most electives offered by clinics and hospitals outside the IUSM campus are administered by the medical education office of that institution. To add (or drop) an elective at such institutions requires the approval of the Director of Medical Education, not the course director.

For ADDING an elective during the vacation unit, this form must be completed and submitted to the Dean's Office for Medical Student Affairs prior to the starting date of the elective.

For DROPPING a previously scheduled elective, this form must be completed and submitted to the Dean's Office NO LATER THAN ONE MONTH PRIOR to the starting date of the elective.

Final approval of this Request will be made by the Dean's Office for Medical Student Affairs.

PLEASE PRINT

ELECTIVE PERIOD

Beginning Date_____ Ending Date_____

Add elective #_____

_____
Authorized Signature (See Instructions Above) Date

Drop elective #_____

_____
Authorized Signature (See Instructions Above) Date

_____
Dean's Office Date