



INDIANA UNIVERSITY
SCHOOL OF MEDICINE

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

Student Name - Last, First, Middle Initial

Date

NON-LCME SPECIAL ELECTIVES - COURSE ADDENDUM

This form must be completed for electives not directly affiliated with an LCME accredited school of medicine.

I. Course instructor name _____

II. Course dates: from _____ to _____

III. Course objectives (attach separate sheet if necessary):

IV. Medical facilities (i.e., number of beds, clinical facilities, patients, etc.):

V. Other medical practitioners who will work in course:

Name	Medical school attended	Specialty
_____	_____	_____
_____	_____	_____

VI. Student work-schedule (approximate hours/week; days/week):

VII. Method(s) and areas of student assessment and evaluation (e.g., direct observation, objective examination, etc):

VIII. Previous experience of primary instructor with medical students:

Number students/ year _____
