



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 ELECTIVE - INSTRUCTOR ADDENDUM

Course director name _____

Address _____

Email _____ Office Phone _____

Education:

College _____ Dates _____ Degree _____

Professional school _____ Dates _____ Degree _____

Postgraduate study:

Location _____ Dates _____

_____ Dates _____

Work experience since graduation from professional school or college:

Board certification (if medical doctor):

Specialty _____ Dates _____

Current faculty appointments:

Title _____

School _____

Department _____

Date _____

