



Office of Student Affairs
 College of Medicine (MC 785)
 1853 West Polk Street
 Room 112 CMW
 Chicago, Illinois 60612
 312-996-2450 Fax: 312-413-3787

Externship “away elective” Scheduling Form 2009-2010

Student's Name: _____ UIN#: _____

Cell Phone #: _____ Email: _____

I request to (check appropriate box): Schedule Externship Change Dates of Externship Cancel Externship

Externship Title: _____ Elective Number: _____

Externship Location: _____

Start Date: ___/___/___ End Date: ___/___/___ Elective: _____ Selective _____ Total Weeks Credit: _____

Visiting Student Externship Requirements:

- a. A complete description of the experience including purpose, description, outcomes, activities, objectives, duration, hours per week, schedule, location, supervising physician, and mechanism for assessment. (See elective descriptions in the UIC COM Clinical Experiences Catalog as a guide) <http://chicago.medicine.uic.edu/ugme> You may also use printed description from the other school's catalog.
- b. 40 hours per week is equivalent to one week of elective credit.
- c. Letter of acceptance or email from medical school being visited (e.g. visiting student coordinator).
- d. Attach a copy of email from the visiting student coordinator at the other medical school is required to change the dates of the elective or to cancel the elective.

COM Department Head (or designee): _____ Signature: _____ Date: _____

UGME SHOULD SEND YOUR EVALUATION FORM TO (please print legibly):

Supervising Physician: _____

Hospital/Medical School: _____

Address: _____ Phone/Fax #: _____

City/State/Zip: _____ Email: _____

Important Information for Students (Please read before submitting form)

You must be approved for this experience by the COM Department Head (or designee). Submit this form to Jackie Kurzeja in OSA, 120 CMW, jkurzeja@uic.edu This form cannot be processed and the experience added to your schedule without the department's signature and the supervising physician's name.

This scheduling form must be submitted a minimum of four weeks prior to the start of the externship. If you decide to cancel an approved externship, you must submit a cancellation request four weeks prior to the start date of the externship.

All registration is processed using the UIC Web for Student / Student Self-Service up until the 10th day of the Fall/Spring semesters and the 5th day of the Summer semester. After that, students are required to complete paperwork necessary to register or make changes with the COM Registrar's Office (618 CMW).

FOR OFFICE USE ONLY:

Processed by M4 Scheduling Coordinator: _____ Date: _____