



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

# Selective\*

## Scheduling Form

2009 - 2010

Student's Name: \_\_\_\_\_ UIN#: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I would like to (check appropriate box):  Schedule Selective  Cancel Selective  Change Selective Dates

Selective Title: \_\_\_\_\_ Selective Number: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total Weeks Credit: \_\_\_\_

**\*A Selective is a self-designed elective or a variation of an elective that is described in the UIC Clinical Experiences Catalog.** <http://chicago.medicine.uic.edu/ugme> Students are required to designate 2 hours of an experience as their "Selective" in order to satisfy graduation 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).
- b. 40 hours per week is equivalent to one week of selective credit.
- c. For a variation of a UIC catalog elective (e.g. change of duration) indicate the reason for the variation request. M3s doing a variation of a UIC catalog elective must satisfy any prerequisites of that elective.

Supervising Physician: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervising Physician Email: \_\_\_\_\_

Assoc. Dean of Curriculum: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Important Information for Students (Please read before submitting form)

Submit this Selective Scheduling Form to Jackie Kurzeja, 120 CMW, [jkurzeja@uic.edu](mailto:jkurzeja@uic.edu). Scheduling requests must be submitted 4 weeks prior to the start date of the Selective.

If you decide to cancel this experience, you must do so four weeks prior to the start of the selective or an evaluation form will be sent to the Supervising Physician and you will be given a grade of Unsatisfactory. This grade will appear on your official UIC Transcript.

All registration is processed using the UIC Web for Student / Student Self-Service up until the 10<sup>th</sup> day of the Fall/Spring semesters and the 5<sup>th</sup> 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:

Reviewed by OSA Scheduling Coordinator: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_