



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

Self-Designed Electives*

Scheduling Form

2009-2010

Student's Name: _____ UIN#: _____

Cell Phone #: _____ Email: _____

I would like to (check appropriate box):

- Schedule a self-designed elective Cancel a self-designed elective Change dates of self-designed elective
- Yes No I would like this self-designed elective to satisfy my two weeks of "Selective" requirement

Elective Title: _____ Program Number: _____

Clinical Site: _____

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

***SELF-DESIGNED ELECTIVES** consist of your own variation of an elective from the UIC catalog of electives, **an international experience** that you set up, or another experience that you design and get approved. A MAXIMUM OF 8 WEEKS OF CREDIT MAY BE EARNED AT A SELF-DESIGNED ELECTIVE SITE. To receive academic credit for such an experience you must do the following at least four weeks in advance:

Submit this form along with a complete description of the experience including the 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> 40 hours per week is equivalent to one week of elective credit. Obtain the signature of the supervising physician or designee and submit to Jackie Kurzeja, 120 CMW, jkurzeja@uic.edu Scheduling requests – adds, drops and changes – must be completed at least 4 weeks prior to the elective start date.

Supervising physician or designee: _____ Signature: _____ Date: _____

An evaluation must be received in a timely manner to receive academic credit for self-designed electives. The UGME office 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)

All registrations are 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:

Assoc. Dean of Curriculum: _____ Signature: _____ Date: _____

Processed in OSA by _____ Signature _____ Date: _____