APPROVAL REQUEST FOR INDIVIDUALLY-DESIGNED ELECTIVE IN YEAR THREE

This form **must be completed** for all Individually-Designed (ID) electives. Individually-Designed electives are defined as educational experiences that are not currently offered in the SIU School of Medicine *Elective Catalog.* All approval signatures should be obtained before submission. This completed form and accompanying materials must be submitted to Cherie Forsyth, Years 3 and 4 Registrar, ***FOUR (4) WEEKS*** prior to the week the elective is to begin. If you have any questions, please contact Cherie at 545-6124.

Individually -Designed Electives (IDE)	These are electives for which the student develops the description, identifies the objectives, and solicits faculty participation. Electives with SIU faculty will receive *on-campus credit*.	Attach **student-developed description** (See Section 6.0 of the Year Three Policies & Procedures).
	An Individually-Designed elective with a community-based health care provider who is not SIU faculty will receive *off-campus credit*.	Attach **student-developed description** (See Section 6.0 of the Year Three Policies & Procedures).

Student Name:		Phone number:	
Title of Elective:			
Name of institution if other than SIUSOM: **(Please include the name, address and telephone number of your contact person)**			
Department for credit:			
Dates of Elective:		Week(s) of elective:	***Credit Type:*** _____ ***On-Campus*** _____ ***Off-Campus***
Number and Type of credit hours requested:	**Required for ALL Individually-Designed Electives** **Credit Hours:** _____ If NO Clinical Component to Elective: Minimum 2-Page Report Required _____ If Clinical Component to Elective: Minimum 1-Page Report + Logbook Required		

Faculty Name *(Individual with whom you will be working)*	*Faculty Signature*	*Date*
Department Elective Coordinator	*Coordinator's Signature*	*Date*
Received by Registrar /date:		

Approval for Individually-Designed Elective

Director, Year 4 Curriculum	*Coordinator, Years 3 and 4 Curriculum*
Date:	*Date:*