

APPROVAL REQUEST FOR INDIVIDUALLY-DESIGNED OR EXTRAMURAL ELECTIVE

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

Individually-Designed Electives (ID)	These are electives for which the student develops the description, identifies the objectives, and solicits faculty participation. Electives with SIU faculty will receive <i>on-campus credit</i> .	Attach student-developed description (see Section 6.0 of the Policies & Procedures).
	An Individually-Designed elective with a community-based health care provider who is <i>not</i> SIU faculty will receive <i>off-campus credit</i> .	Attach student-developed description (see Section 6.0 of the Policies & Procedures).
	An educational experience developed and offered by a hospital, specialty clinic, or the military will receive <i>off-campus credit</i> .	If the hospital, specialty clinic, or military has an educational program, the description developed by the organization, together with approval materials, will suffice.
Extramural Electives	Electives formally offered by another LCME accredited school of medicine within the United States will receive <i>off-campus credit</i> .	Attach course description and learning objectives (from their catalog), and a copy of the letter of acceptance from the institution.
Student name:		Phone number:
Title of elective:		
Name of institution: (Name, address, telephone# and e-mail of the person who will complete your evaluation)		
Department for credit:		
Dates of elective:		Week(s) of elective:
Number and Type of credit hours requested:	Required for all ID & Extramural Electives _____ Non-Clinical Minimum 2-page reflective report required _____ Clinical Minimum 1-page reflective report and logbook required	Credit Type: _____ On-Campus _____ Off-Campus
<i>Faculty name (Individual with whom you will be working)</i>	<i>Faculty signature/OR letter of acceptance/OR military orders. (E-mail approval sufficient)</i>	<i>Date</i>
<i>Student's Elective Advisor</i>	<i>Advisor's signature (E-mail approval sufficient)</i>	<i>Date</i>
<i>Department Electives Coordinator</i>	<i>Coordinator's signature (E-Mail approval sufficient)</i>	<i>Date</i>
	Approved for Core Credit _____ YES _____ NO	
<i>Received by Registrar / date:</i>		
Approval for Individually-Designed Elective OR Extramural Elective		
<i>Director, Year 4 Curriculum</i>	<i>Coordinator, Years 3 and 4 Curriculum</i>	
<i>Date:</i>	<i>Date:</i>	