## APPROVAL REQUEST FOR INDIVIDUALLY-DESIGNED SELECTIVE (IDS) IN YEAR THREE PERSONALIZED EDUCATION PLAN (PEP)

This form <b>must be completed</b> for all Individually-Designed (ID) Selectives. Individually-Designed Selectives are defined as educational experiences that are not currently offered in the SIU School of Medicine Selective Catalog. All approval signatures should be obtained before submission. (E-Mail approval is sufficient)  Attach <b>student-developed description</b> (Y		This completed form and accompanying materials must be submitted to Cherie Forsyth, Years 3 and 4 Registrar, <i>THREE (3) WEEKS</i> prior to the week the selective is to begin. If you have any questions, please contact Registrar, Cherie Forsyth at 545-6124.  Year Three IDS Instructions).		These are selectives for which the student develops the description, identifies the objectives, and solicits faculty participation. Selectives must be with SIU faculty and conducted on campus (no away or Non-SIUSOM rotations offered in the third year).
Student Name:			Phone Number:	
Title of Selective:				
SIUSOM: (Name, address, telephone# and e-mail of the person who will complete your evaluation)				
PEP Department for Selective Participation:				
Dates of selective:			Week(s) of selective:	
IDS TYPE (Check One)	Required for all ID Selectives			
Non-Clinical	Minimum 2-page reflective report required (Non-Clinical)			
Clinical Minimum 1-page reflective report & logbook required (Clinical)				
Advisor of Student		Advisor's signature (E-Mail approval sufficient)		Date
Faculty name (Individual with whom you will be working)		Faculty signature (E-mail approval sufficient)		Date
Department PEP Director		Director's signature (E-Mail approval sufficient)		Date
Received by Registrar /date:				
Approval for Individually-Designed Selective				
Director, Year 3 Curriculum			Coordinator, Years 3 and 4 Curriculum	
Date:			Date:	