

Advanced Studies Elective Proposal Form

Please save the form to your computer. The blue border boxes are required fields. Complete the form and e-mail it to Janice.Robert@umassmed.edu . Scroll the form by placing the hand cursor on the side of the form.

Course Name:

Course Number: Elective Codes are assigned by Student Affairs.

Elective Type: Choose Elective Type

See Student Handbook's descriptions of elective Types **A, B1, B2 and C**. Each Elective type has a different level of patient contact. Website Address: <http://www.umassmed.edu/studentaffairs/handbook.aspx>

Coordinator Name(s):**Email Address(s):**

Some coordinators have an office contact. If you have an Admin or secretary who will be helping you keep track of the students who sign up for electives you can fill in the section below so that they are also listed on the elective catalog.

Office Contact:**Email:****Telephone #:**

Format: (xxx) xxx-xxxx

Department(s):**Sites Available:****Months Offered:**

If you cannot offer an elective for a particular month please note that here. Please reference the Advanced Studies calendar.

Number of Students / Month:

Number of Weeks Offered: **4 Weeks**

2 Weeks

Electives are offered in either 4 week and/or 2 week blocks.

Prerequisites:

Example: Completion of all 3rd year clerkships.

Elective Description: Goals, Methods of Teaching, Number of Patients Seen, and Supervision Level:
See elective type descriptions A, B1, B2 and C for additional elective criteria.

Electives Offered: UMass Students
Visiting Students
International Students

Note: