

ELECTIVE DESCRIPTION FORM

When completed or updated, please save and forward to COM-AA@medicine.tamhsc.edu for review. Revisions due annually by December 1st for all existing electives.

Date: ____/____/____

General Information

Meets:

- ☐ AI
- ☐ ICU
- ☐ N/A

Course Title: _____

Title Abbreviation: _____ Department: _____

Course Director: _____

Phone: _____ Email: _____

Additional Instructors (optional): _____

Please indicate how this course will be scheduled (select one):

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Lottery | <input type="checkbox"/> Research |
| <input type="checkbox"/> Arranged (Approval Needed) | <input type="checkbox"/> Clinical |
| <input type="checkbox"/> Online | <input type="checkbox"/> Non-Clinical |
| <input type="checkbox"/> International | |

(Lottery electives are scheduled at the beginning of the year and any changes afterwards are made by supervisor's signature. Arranged electives are always scheduled by supervisor's or designated signor's signature on add/drop form. Research electives are scheduled by supervisor's approval of a research proposal at least one month prior to the beginning date.)

Include in the VSAS catalog to allow non-TAMHSC students to enroll.

- ☐ Yes ☐ No ☐ Unsure

Reporting Information: _____

Coordinator/Contact Person (for information or scheduling): _____

Contact Phone: _____

Contact Email: _____

Course Scheduling

Please select only one of the following:

- ☐ 2 weeks ☐ 4 weeks ☐ 2 or 4 weeks

Additional notes about schedule (e.g., "Schedule arranged with Faculty").

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When Offered/Course Capacity

Check When Offered:		Maximum # Students:	Minimum # Students:
	All Year		
	January		
	February		
	March		
	April		
	May		
	June		
	July		
	August		
	September		
	October		
	November		
	December		

Weekly Course Schedule

Please enter a time. Estimates are acceptable. Select Days and indicate if AM or PM

	SUN	MON	TUE	WED	THUR	FRI	SAT
AM							
PM							

On Call Schedule, if any (please describe):

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How many total shifts must the student attend to receive credit? _____

If the student is absent for an extended period what time will be available to make up lost time?
(weekend, holiday, nights, ect) _____

Hours of independent or supplementary study per week

Independent Study	
Didactic/Lecture	

Prerequisites (check all that apply)

- ☐ Consent of Instructor
☐ Completion of Phase III
☐ Other: _____