

Independent Elective Application Form

Student Name:	Stude	Student ID:		Expected Graduation Year:	
Independent Elective Det	ails				
Title:	Start Date:	End	Date:	Total # of Weeks:	
Institution Name:	Address:			City:	
				Country:	
Sponsor Name:	Sponsor Email:				
Elective Brief Description:					
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Elective Objectives & Goals					
<u> </u>					
Note: This course MUST a	ppear in your schedule	e in QLearn			
(Step 1): Sponsor's Name:					
Sponsor's Signature:					
Date :					
(Cton 2), Assist/Assas Doo	a for Clinical Countactor	o Cianatura.			
(Step 2): Assist/Assoc Dea Date:		n signature:			
OR (Step 2): in case the ele	ective is a research elec	ctive			
Assistant Dean for Studen	t Research Signature: –				
Date:					
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Guidelines when applying to an independent elective:

- The clinical independent elective must be at least 2 weeks and no more than 4 weeks long.
- Use one form for each elective to which you are applying.
- Students must get approval to do the elective 2 months before the elective starts.