APPLICATION FOR EXTRAMURAL ELECTIVE

INSTRUCTIONS: Use one form for each off-campus elective. Fill out Section I completely. Obtain your advisor’s approval in Section II and return to the Advanced Integration Coordinator in the Student Affairs Office. To assure that you receive credit for this elective this form must be completed before you leave campus.

SECTION I: To be completed by the student

STUDENT NAME ____________________________ GIVEN BOX# __________

ELECTIVE TO BE TAKEN (please circle department): ANES FM* MED NEUR OBGY PATH PED

   MDPS ORTH RAD SURG*

*Please indicate if this is __FM 1129 FM Underserved Rotation  __SURG 1091 ER Away

NAME OF ELECTIVE ______________________________________________________________

BEGINNING AND END DATES OF ELECTIVE ____________________________________________

NAME OF EVALUATING PHYSICIAN(S) ________________________________________________

NAME AND ADDRESS OF INSTITUTION ________________________________________________

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________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

TELEPHONE NUMBER WHERE YOU CAN BE REACHED DURING THE MONTH ________________________

SECTION II: To be completed by the student’s advisor

I have reviewed the content of the above elective and consider it an acceptable unacceptable educational experience (please circle one) for this student.

Advisor’s Signature ____________________________ Date __________

SECTION III: Student Affairs use ONLY

Processed: _____/_____/_________ Evaluation form sent: _____/_____/_________

Return to: ADV Coordinator, Student Affairs Office, Given E-215, 89 Beaumont Avenue, Burlington, VT 05405.