



INDIANA UNIVERSITY
SCHOOL OF MEDICINE

Medical Student Affairs
John D. Van Nuys Medical Science Bldg- 160
635 Barnhill Drive
Indianapolis, IN 46202-5120

Last name, First, Middle Initial

Date

Special Elective Request Form (for electives not in the IUSM Elective Catalog)

Instructions:

1. A Special Elective Request Form must be completed for each special elective requested.
2. Notation of course title, department offering elective, and time period requested must be entered on this form.
3. A written course description from the course director or elective catalog must be attached to this form. Special electives that are not directly affiliated with an LCME accredited school or college of medicine may require the completion of Attachment 1 and other additional documentation.
4. Approval by the Indiana University faculty advisor and appropriate department chair must be obtained.
5. Written approval from the course director or representative of the institution offering the course must be attached to the form.
6. Notation of course director's name, address, phone number, and institution must be entered on this form.

This form should be completed and returned to the Dean's Office for Medical Student Affairs, Student Records Section, Medical Science Bldg, Rm 160, **no later than one month before the elective start date.**

Final approval of this request will be made by the Dean's Office for Medical Student Affairs after approval of those indicated below and completion of all necessary requirements.

PLEASE PRINT

_____	93_____990	_____
Course Director's Name	Course Number	Inclusive Dates
_____	_____	_____
Course Director's Phone No.	Course Title	
_____	_____	_____
Institution (if appropriate)	Department Offering Course	
_____	_____	_____
Address	Course Director's Signature	Date
_____	(Required only if written approval from course director or host institution is not attached)	
_____	_____	_____
City, State, Zip Code	Director of Medical Education Signature	Date
	(Indiana hospital based programs only)	

APPROVALS

IU Department Chair Date Dean's Office Date

Faculty Advisor Date

Distribution:

- White-Student File
- Green-Student
- Yellow-Course Director