

## ELECTIVE DESCRIPTION FORM

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### General Information

Meets: <input type="checkbox"/> AI <input type="checkbox"/> ICU <input type="checkbox"/> N/A
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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").

## 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):

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: \_\_\_\_\_