PETITION TO ADD AN ELECTIVE

TODAY’S DATE: ______________________________________________

STUDENT: ________________________________________________

E-MAIL ADDRESS: ___________________________________________

MONTH/YEAR: ______________________________________________

COURSE DIRECTOR/PRECEPTOR: _______________________________

ELECTIVE NAME: ____________________________________________

AND CODE (FOR P&S ELECTIVES ONLY)

SECTION 1: TO BE COMPLETED BY THE STUDENT

I am adding a(n):

☐ Elective within 6 weeks of the start date (section 2 must be completed).

☐ Elective that requires permission to enroll (section 2 must be completed).

☐ Away elective (you must attach, or email to pselectives@columbia.edu, confirmation from the away site).

Medical Center / School Name: __________________________________

Preceptor Email Address: _______________________________________

Elective Specialty: _____________________________________________

Elective Sub-Specialty: _________________________________________

☐ Self-arranged preceptorship (sections 2 and 3 must be completed).

☐ Research elective (sections 2 and 4 must be completed).

SECTION 2: COURSE DIRECTOR’S PERMISSION

☐ Check here if faculty permission was supplied via email to pselectives@columbia.edu

I agree to enroll the above student in this elective. This change will be noted on my course roster and an evaluation will be submitted at the conclusion of the elective.

____________________________________________________________

SIGNATURE
Please submit this page only if you are enrolling in a self-arranged preceptorship or research elective.

SECTION 3: PERMISSION TO ENROLL IN A PRECEPTORSHIP

Preceptor’s Name:______________________________________________________________

Preceptor’s Email Address:______________________________________________________

Specialty/Department:_________________________________________________________

Objectives:___________________________________________________________________

____________________________________________________________________________

Learning Experience:____________________________________________________________

____________________________________________________________________________

Feedback and Supervision:_______________________________________________________

____________________________________________________________________________

Methods of Evaluation:___________________________________________________________

____________________________________________________________________________

SECTION 4: PERMISSION TO ENROLL IN A RESEARCH ELECTIVE

Please attach a brief proposal outlining the objectives, methods, and role of the student.

Course Director Name:___________________________________________________________

Course Director Email Address:___________________________________________________

Title of Project:_______________________________________________________________

Specialty/Department:___________________________________________________________

A two page research summary, to be submitted at the end of the elective to the P&S Education Office (P&S 3-401 or by email at pselectives@columbia.edu), is required to receive credit for a research elective.

Office Use Only

I have granted the student permission to enroll in this preceptorship or research elective.

Lisa A. Mellow, M.D.
Senior Associate Dean for P&S Education