PETITION TO ADD AN ELECTIVE

NAME: ________________________ TODAY'S DATE: ________________________

UNI: ________________________ ELECTIVE MONTH(S): ________________________

ELECTIVE CODE: _______________ ELECTIVE NAME: ________________________

**REPLACE THE CURRENT ELECTIVE? YES / NO

SECTION 1: TO BE COMPLETED BY THE STUDENT IF APPLICABLE

I am adding a(n):

☐ Away elective (Section 2 must be completed. Attach or email confirmation from away site to pselectives@columbia.edu)
☐ Global Health elective (Section 2 must be completed)
☐ Self-arranged preceptorship / research (Sections 2, 3, and 4 must be completed)
☐ Elective that requires permission to enroll (Section 4 must be completed)

SECTION 2: ELECTIVE INFORMATION (SEE SECTION 1)

SCHOOL/SITE/CLINIC NAME: ________________________

FACULTY/SUPERVISOR NAME: ________________________

FACULTY/SUPERVISOR EMAIL: ________________________

SPECIALTY/DEPT: ________________________ SUBSPECIALTY: ________________________

SECTION 3: SELF-ARRANGED ELECTIVES

☐ Preceptorships: Attach a one-page proposal outlining the objectives, learning format, methods of feedback, and grading criteria.
☐ Research Electives: Attach a two-page max proposal outlining the objectives, methods, goals, and role of the student. A two page summary is required at the end of the elective.

SECTION 4: TO BE COMPLETED BY COURSE DIRECTOR/FACULTY SUPERVISOR

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

This student may enroll in my elective. An evaluation will be submitted at the conclusion of the elective.

SIGNATURE OF COURSE DIRECTOR/PRECEPTOR

P&S Office Use Only

I have granted this student permission to enroll in this elective.

Lisa A. Mellman, MD
Senior Associate Dean for Student Affairs

VESTA SIS

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