

Away-International Electives Scheduling Form

This entire form must be completed and submitted four **(4) weeks prior to start date** to receive appropriate credit. This is to ensure the distribution of student assessment forms, clinical compliance audits, and hospital site assignments are processed in a timely manner. Incomplete forms will delay processing. A **maximum of eight (8) weeks of credit** may be earned for a single international elective. For additional information, please see the Global Health Research Collaborate website for details: <http://globalhealth.uic.edu/>.

Information for supporting documents - Refer to the elective descriptions in the UIC COM Clinical Experiences Catalog as a guide: <http://chicago.medicine.uic.edu/cms/One.aspx?portalId=506244&pageId=30968426>. Make sure to submit the following items:

1. A complete description of the purpose and objectives of the elective
2. A description of the elective with details on projected outcomes and activities
3. A description of the mechanism for assessment during this elective

Please note:

- **40 clinical hours is the equivalent of one week of elective credit.**
- **Students cannot receive a stipend during their elective rotation.**

I. Complete the information below and save a copy of the form:

Student's Name: _____ UIN# _____

Cell Phone#: _____ Email: _____ Graduation Class: _____

II. I would like to (check next to selection):

Add an elective _____ Drop an elective _____ Change dates of an elective _____

International Elective Title: _____

International Supervising Faculty Member: _____

Email Address: _____ Phone Number: _____

Clinical Site: _____ City: _____

Country: _____

Start Date: ___/___/___ End Date: ___/___/___ Total Weeks Credit: _____ Hours per Week: _____

***Is an Agreement for Student Placement in a Practice Setting required?** Yes _____ No _____

(Please allow up to 3 months to process. The site coordinator/director should contact Ara Tekian at tekian@uic.edu).

Supervising Faculty Member's Signature Approval:

(Signature is not required if you are submitting an email approval or admit letter).

Attach the supporting documents to your email message before sending to medsched@listserv.uic.edu.

Office use only:

Associate Dean Signature: _____

IMPORTANT INFORMATION for STUDENTS: For all registration updates, students are required to complete the necessary paperwork to register or make changes with the [COM Registrar's Office](#).