

Away (International) Elective Scheduling Form

This 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/>.

***All Away-International Rotations must be approved by UI COM's Office of International Education.**

Supporting documentation is necessary for all Away-International Electives - You can refer to the elective descriptions in the UI COM Electives Catalog as a general guide. **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 this form and the supporting documents to the "Student Scheduling Request Form" before submitting your request.

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](#).