

# Self-Designed Elective Request Scheduling Form

This form must be completed and submitted via the online "Student Scheduling Request Form" four weeks prior to the start date of the elective to receive appropriate credit. This will 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 six (6) weeks of credit may be earned for a single self-designed elective.** Students cannot receive credit for an elective if they are being paid.

Check the box next to the type of self-designed elective you are requesting to schedule:

## **Self-Designed Elective at UIC or Affiliate Site (e.g. Advocate, JBVA, Stroger Cook County)**

- a. A variation of an approved elective from the UI COM elective catalog.\*  
*\*This includes requesting to shorten a four-week elective to two weeks or extend a two-week elective to four weeks.*
- b. An experience you design with a COM faculty member to receive academic credit.

## **Self-Designed Elective at a Community Site**

- a. An elective offered in the community, not affiliated with any medical schools as well as UIC.
- b. In addition to confirmation of involvement from the community physician, support from a UIC faculty member is required for the self-designed elective in the community. (For sites not affiliated with a medical school.)
  - i. Name of UIC Faculty Member:

### The following supporting documentation\* is required for all self-designed elective requests:

1. 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 provide the supporting documentation in a separate Word document.*

### IMPORTANT NOTES:

1. All self-designed electives must be approved by the Assistant Dean for Curriculum, Phases 2/3.
  - a. Once a student submits their request to Records & Registration, it is reviewed and forwarded to the Dean for approval.
2. Under no circumstances can a self-designed elective count towards anything other than "Open" elective graduation requirements.
3. A self-designed elective cannot be scheduled during the winter break.
4. At minimum, a self-designed elective request must be submitted two weeks prior to the start date or it will not be reviewed.

### PLEASE COMPLETE THE INFORMATION BELOW AND SUBMIT A STUDENT SCHEDULING REQUEST FORM

Name:

UIN#:

Cell Phone#:

Email:

Graduation Class:

Elective Title\*:

\*Please note that any self-designed elective will appear as a "Special Topics" title on your schedule.

Supervising Physician or Program Director/Coordinators (print name):

Phone Number:

Email address evaluation form to be sent to:

Clinical Site:

City:

State:

**Please note - 40 clinical/contact hours is the equivalent of one week of elective credit.**

\*Start Date:

End Date:

Total Weeks Credit:

Hours per Week:

*\*For UIC electives, the start date must begin on a Monday and the end date will be on a Saturday.*

**Important Note:** All electives completed outside the University of Illinois College of Medicine must be done at a medical school or healthcare institution that has an Affiliation Agreement with UI COM. The site coordinator/director should contact Janet Comins (jcomins@uic.edu) in Educational Affairs. Please allow up to three months to process.

Clinical Supervisor's Signature\*: \_\_\_\_\_

*\*A signature is not required if you are submitting an email approval or admit letter from the supervising physician or Program Director.*