Special Elective Form

Final approval of this Special Elective will be granted only when completed forms have been submitted. All electives MUST be four weeks in duration and can be split to fill in dates around external electives. Electives less than four weeks must be approved by the Deans for Students.

Name ___________________________________________ Banner ID ___________ Date ___________

Last, First

To be completed by student:

Elective Title: ___________________________________________

(Title must be specific to your project but no longer than 30 spaces. Elective title will be posted on the final transcript)

Starting Date: ____________ Ending Date: ____________

Specify type of elective: □ Clinical □ Research □ ISP □ Reading**

**Reading electives have a maximum of 12 weeks per academic year. Students enrolled in a reading elective must submit a final summary of or project related to the chosen topic, which must be reviewed by the Faculty Mentor. The project will be uploaded to a designated area on eMED.

Academic Reasoning for Elective

Attach an abstract describing the project you will be working on, how you plan on using your time, proposed timeline and mode of communication with which you will be meeting with your faculty mentor, and learning objectives for this elective.

Personalized academic goals for completing this elective *(Check all that apply)*:

☐ Current likely choice of specialty
☐ Consistent with personal career goals
☐ Enhance technical and clinical skills in specified area
☐ Interested in non-career specific experience
☐ Other: ______________________________

By signing this document, I confirm that this Special Elective will be completed in its entirety. I also agree to the above requirements and will submit any final documentation for the reading elective as required.

Student’s Signature:

To be completed by Einstein Faculty Mentor:

I have agreed to oversee the Special Elective that is described in the attachment. I have accepted this student under my supervision and will ensure that the student has a well-defined curriculum that supports the goals and learning objectives outlined. The student and I have arranged times and modes of communication. I agree to submit the Evaluation of Clinical Performance & Professional Attributes form for the student’s work within 4 weeks of completion of the elective experience to the Office of the Registrar. **I understand that reading electives require a final project that I will review with the student.

Name: ______________________________

Email: _____________________________ Phone number: _____________________________

Date: _______

Faculty Signature:

Office Use Only: Module: ________ SPEL # ____________ CRN# ____________ 1/2014