



SPECIAL CLINICAL ELECTIVE REQUEST FORM DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA

Special Clinical Electives are electives designed by you and a UCLA faculty member. Special electives taken at UCLA or the affiliated hospitals will be given UCLA elective credit.

Non-UCLA Special Electives are permitted only with the approval of the Senior Associate Dean of Student Affairs. Special electives taken away from the UCLA hospital campuses will count as part of the 12 weeks allowed for AWAY electives. Special clinical electives may not count toward the eight weeks of 300 or 400 level subinternships required for graduation.

Course in Handbook? Yes _____ Course# _____ No _____

_____	_____	_____
Name of Student	Class of	Today's Date
_____	_____	_____
Name of Clinical Elective	Department	Location/Facility
_____	_____	_____
Dates of Elective	Hours Per Week	Number of Weeks

Mailing address of Elective Director (final evaluation requests will be sent to this address)

_____	_____	_____	_____	_____
Address/Room # (campus)	Street	City	State	Zip

_____	_____
Telephone # of Elective Director	E-mail Address of Elective Director

Please note: Students will not receive academic credit for clinical electives for which they are being paid

DESCRIPTION OF COURSE (Attach additional sheet if needed):

(Continued on Reverse)

MAJOR DISEASES OR PROBLEMS

TO BE SEEN:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

MAJOR EXPECTATIONS OF WHAT WILL BE

LEARNED (OBJECTIVES):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

TYPICAL WEEKLY SCHEDULE - YOU MUST BE VERY SPECIFIC WHEN EXPLAINING YOUR SCHEDULE (i.e. 8:00am – 12:00pm Rounds; 1:00pm – 5:00pm Clinic)

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Elective Director's Name

Elective Director's Signature

Final Approval: Neil H. Parker, M.D.
Sr. Associate Dean of Student Affairs

Approval Signature (Required for credit)

Please return completed applications to Linda Cuesta, David Geffen School of Medicine at UCLA, 12-159 CHS. Los Angeles, CA 90095-1720
Telephone: (310) 825-7006 FAX: (310) 794-9574