



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

Special Clinical Electives are electives designed by you and a physician with a UCLA faculty appointment. 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.

Please allow approximately 10-14 business days for this application to be processed by the SAO so please plan accordingly. You will receive an e-mail when this request is approved.

Is this an existing course listed in the Handbook? Yes _____ Course# _____ No _____

_____	_____	_____
Name of Student	Class of	Today's Date
_____	_____	_____
Specialty of Clinical Elective (i.e. Surgery, Ob/Gyn., etc)	Department of	Location/Facility
_____	_____	_____
Dates of Elective (please print clearly)	Hours per Week (Must work a minimum of 40 hrs/wk)	Number of Weeks (May not be less than 2 weeks)

REQUIRED: Contact Information of Elective Director (final evaluation requests will be sent to this address)

_____	_____
Telephone # of Elective Director	E-mail Address of Elective Director (Please print clearly)

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. AM: 8:00am – 12:00pm Rounds; PM: 1:00pm – 5:00pm Clinic)

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Elective Director's Name (please print clearly)

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:

Monica Perkins, David Geffen School of Medicine at UCLA, 12-159 CHS. P.O. Box 95172, Los Angeles, CA 90095-1720

Telephone: (310) 825-6282 FAX: (310) 794-9574