



David Geffen School of Medicine at UCLA
STUDENT APPLICATION FOR A NON-UCLA ELECTIVE

Submit this form only if the location you are applying to DOES NOT have their own application which requests the signature from the dean of your home school.

YOU MUST SUPPLY A COURSE DESCRIPTION WITH THIS FORM

THIS SECTION TO BE COMPLETED BY STUDENT

REQUEST DATE _____

PHONE & PAGER NUMBERS _____

STUDENT NAME _____

CLASS OF _____

AREA OF ELECTIVE (i.e. Medicine, Pediatrics etc) _____

DATE: _____ TO _____

DEPARTMENT OF _____

COURSE DIRECTOR: _____

CONTACT INFORMATION ON THE PERSON WHO WILL COMPLETE YOUR EVALUATION:

NAME: _____ (Please Print Clearly)

EMAIL ADDRESS: _____ (Please Print Clearly)

PHONE #: _____

FACILITY ADDRESS: _____ (Facility)

_____ (Street)

_____ (City) (State) (Zip)

DEAN'S APPROVAL SIGNATURE

SIGNATURE _____ (Neil H. Parker, M.D., Senior Associate Dean of Student Affairs)

DATE _____