Submit your form to Brandon Susselman in the SAO by Thursday September 29.

➢ You are required to complete at least one selective in your first two years of medical school.
➢ Please rank your first three choices for selectives from the Selective Course Descriptions.
➢ Enrollment for courses are limited.
➢ Your assignments will be emailed to you by Wednesday October 5 for courses that begin on Monday October 10.

Please list your Selective choices in order of preference

(please list the COURSE TITLE and the SESSION)

Choice #1  ________________________________________________

Choice #2: ________________________________________________

Choice #3: ________________________________________________

Independent Clinical or Research Selective (see reverse side for application)

• Print your name at the top of this page
• Submit this form to the box on Brandon Susselman’s desk in the SAO by Thursday September 29 at 5 PM.
Independent Selectives are developed by the student and a sponsoring faculty member according to the student's interest in either a clinical project or research project. Selectives must be arranged at UCLA or an affiliated hospital, under the supervision of a UCLA faculty member. **Please note: you will not receive academic credit for projects for which you are being paid.**

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**Name of Student**

**Class of _____**

**Today's Date**

**Please check one:**

- ______ Research Experience
- ______ Clinical Experience

**Inclusive Dates of Independent Experience**

**Location/Facility**

**Approximate Expected Weekly Time Commitment**

**Student's Signature:** ________________________________

**Project Description (attach extra page if necessary):**

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A report/presentation is required.

**Mentor's Name:** ________________________________

**Department:** ________________________________

**Mailing Address:** ________________________________

**Mail Code:** ________________________________

**Phone Number:** ________________________________

**Mentor's Signature:** ________________________________

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**Please return to Brandon Susselman in Student Affairs Office to receive approval.**

**Approval Signature:** ________________________________

**Susan Baillie, Ph.D.**