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

Non-UCLA Special Electives are permitted only under the sponsorship of a UCLA faculty member from the corresponding department in which you will be participating. 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  Will the student receive any money for this elective? (Y/N) ___________

**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

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Elective Director’s Name

Elective Director’s Signature

Approval: Neil H. Parker, M.D.
Senior Associate Dean

Approval Signature (Required for credit)

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