

## Away-International Electives Scheduling Form

This entire form must be completed and submitted four **(4) weeks prior to start date** to receive appropriate credit. This is to ensure the distribution of student assessment forms, clinical compliance audits, and hospital site assignments are processed in a timely manner. Incomplete forms will delay processing. A **maximum of eight (8) weeks of credit** may be earned for a single international elective.

**Information for supporting documents** - Refer to the elective descriptions in the UIC COM Clinical Experiences Catalog as a guide: <http://chicago.medicine.uic.edu/ugme>. Make sure to submit the following items:

1. A complete description of the purpose and objectives of the elective
2. A description of the elective with details on projected outcomes and activities
3. A description of the mechanism for assessment during this elective

**Please note:**

- **40 clinical hours is the equivalent of one week of elective credit.**
- **Students cannot receive a stipend during their elective rotation.**

**I. Complete the information below and save a copy of the form:**

Student's Name: \_\_\_\_\_ UIN# \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Email: \_\_\_\_\_ Graduation Class: \_\_\_\_\_

**II. I would like to (check appropriate box):**

Add an elective

Drop an elective

Change dates of an elective

International Elective Title: \_\_\_\_\_

International Supervising Faculty Member: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Clinical Site: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_

Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_ Total Weeks Credit: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

**\*Is an Agreement for Student Placement in a Practice Setting required?** Yes \_\_\_\_\_ No \_\_\_\_\_  
(Please allow up to 3 months to process. The site coordinator/director should contact Ara Tekian at [tekian@uic.edu](mailto:tekian@uic.edu).)

Supervising Faculty Member's Signature Approval: \_\_\_\_\_

(Signature is not required if you are submitting an email approval or admit letter).

**Attach the supporting documents to your email message before sending to [medsched@listserv.uic.edu](mailto:medsched@listserv.uic.edu).**

Office use only:

Associate Dean Signature: \_\_\_\_\_

**IMPORTANT INFORMATION for STUDENTS:** All registrations are processed using the UIC Web for Student / Student Self-Service up until the 10<sup>th</sup> day of the Fall and Spring semesters and the 5<sup>th</sup> day of the Summer semester. After that, students are required to complete the necessary paperwork to register or make changes with the COM Registrar's Office (105C CMW).