



MOUNT SINAI
SCHOOL OF
MEDICINE

Office of the Registrar
One Gustave L. Levy Place
Annenberg Building-Room 5-16, Box 1257
New York, NY 10029-6574
Phone 212.241.6691
Facsimile 212.369.6013
E-mail: registrar@mssm.edu

Clinical Tailor-Made Elective Proposal & Registration Years 3 and 4

Name _____ Date _____

Life# _____ Phone _____ Class of _____

Elective Title _____

Dates: ____/____/____ to ____/____/____ Hours per week _____

Total Weeks _____

40 hours are required for 1 week of credit.

Goals/Objectives of the Elective (list at least 3):

Curriculum: Plans for accomplishing goals and objectives in the time allotted:

- I have previously taken a tailor made elective with the same/similar title. This proposal differs from the previous one as follows:

Registrar Office Use Only:

Code: _____ Course ID: _____ Processed: ____/____/____

Signatures and agreements: formal letter(s) confirming approval and agreement to policies may be attached in lieu of written signature(s) on this form.

Instructor/Preceptor: I have accepted this student for an elective under my supervision. I will ensure that the student has a well-defined curriculum that supports the goals & objectives. For clinical electives, I understand that the student must spend at least 40 hours per week under supervision in order to receive one week of credit. I agree to submit an evaluation of the student's work at the completion of the elective experience to **the Office of the Registrar, Box 1257, Mount Sinai School of Medicine, One Gustave L. Levy Place, New York, New York 10029.**

Signature _____ Date _____

Name _____ Phone _____

MSSM Affiliated Hospital & Dept. _____ n/a

Address _____

If instructor is not affiliated with MSSM, corresponding Clerkship Director, Department Chair of MSSM sponsor: I support the planned elective. If there are any questions regarding the evaluation submitted, I agree to be available to review the evaluation.

Signature _____ Date _____

Name _____

Department _____ Phone _____

Student: I will not be under the direct supervision of any family members or individuals with whom I have a personal relationship.

If this is a clinical elective, I will spend at least 40 hours per week in order to receive one week of credit.

I am requesting more than 4 weeks credit for a clinical elective. I have discussed with the Associate Dean receiving _____ weeks of credit.

Signature _____ Date _____

Associate Dean: Proposed Tailor-Made Elective has my final approval.

Student is approved for more than 4 weeks of credit.

Signature _____ Date _____