



MOUNT SINAI
SCHOOL OF
MEDICINE

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Registration For Electives At Other Schools

Name _____ Date _____

Life# _____ Phone _____

This form is for electives listed in the other school's elective catalog. For a tailor-made elective, complete the Tailor-Made Elective form instead.

Complete this form after the other school has accepted you for the elective.

Elective Title: _____

Dates: ____/____/____ to ____/____/____ Numbers of week _____

Medical School: _____ State: _____

Preceptor/Instructor: _____

Elective Description from catalog is attached

Copy of Acceptance letter is attached

MSSM Approval from corresponding Clerkship Director or Department Chair

Signature Clerkship/Department

Name Date

Office Use Only:
Code: _____ Course ID: _____ Processed: ____/____/____