



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

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: ____/____/____