



MOUNT SINAI
SCHOOL OF
MEDICINE

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Pre-Clinical Tailor-Made Elective Proposal & Registration

Name _____ Date _____

Life# _____

Elective Title _____

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

Expected number of hours credit ____ Total weeks ____

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 _____