

Extramural Elective Petition

Students may receive credit for extramural electives that are clinical in nature and supervised by an on-site physician. No credit will be given for language study, non-clinical service projects, or work for which students are paid. Students may not be supervised by parents or other family members.

Students must submit petitions to the Office of Academic and Career Advising for approval of their elective at least six weeks prior to beginning the rotation, and credit for extramural rotations is subject to approval by the Office of Student Affairs.

The student's supervisor must submit the student's final evaluation within four weeks of completion of the elective.

Student Name _____ Class Year _____ Date Submitted _____

Email Address _____ Phone Number _____

Proposed Elective Title/Description _____

Proposed Elective Location _____

Sponsoring Institution (If any) _____

Physician Supervisor Name _____

Email Address _____ Phone Number _____

Start Date _____ Number of Weeks _____ Hours per Week (minimum 40) _____

Please list three goals you plan to accomplish during the elective.

Please provide a detailed description of your proposed experience. In your description, clearly describe your role and responsibilities, how you believe the experience will help you achieve the goals you outline above, and how your goals will help you meet the Keck School of Medicine's Educational Objectives (which are outlined at <http://medweb.usc.edu/KSOMEducationalObjectives.html>.) You may attach a separate sheet if necessary.

Keck School of Medicine of USC

Academic and Career Advising

Proposed Weekly Schedule (Students should spend at least 40 hours per week engaged in clinical activities.)						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Physician Supervisor's statement of support

Please confirm the agreement you have made with the student to facilitate the proposed experience. If there are specific or unique requirements you may have for the student, please indicate them here.

Signature of Physician Supervisor

Date

Signature of Student

Date

For Office Use Only

- Reviewed
- Approved
- Not Approved

Comments:

Date _____