**SECTION 1: PROPOSED ELECTIVE** *(To be completed by student)*

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected graduation year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foundation Phase (choose one):

 **1st Semester** (Fall; August – December)

 **2nd Semester** (Spring; January – May)

 **Summer Semester** (Note: June/July course end dates will result in summer tuition/fee charges. August-December course

end dates will be incorporated into fall tuition/fee charges.)

 **3rd Semester** (Fall; August – December)

**Three elective courses (18 total credit hours) are required in Individualization Phase for graduation. Only 6 elective credits may be applied from Foundation Phase to fulfill the Individualization Phase elective requirements.**

**Students must work with their faculty preceptor to complete Section 4 ONLY if the desired elective does not appear in the SOM course catalog.**

Course Title/Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Title/Number for research and one-time elective courses not listed in the catalog will be assigned by the SOM Registrar’s Office (numbered 100-299). The Foundation Phase grading scale is P/F only.*

Registration Dates *(dates will appear on student transcript as listed)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(MM/DD/YYYY) (MM/DD/YYYY)*

Course Credit Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (either 3 or 6)

**SECTION 2: PERMISSION OF ELECTIVE APPROVAL** *(To be completed by advisor and OGHE if required)*

Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For students taking an international course, the Office of Global Health Education (OGHE) must approve by signing below.**

OGHE Designee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 3: ELECTIVE(S) TAKEN PRIOR TO THIS REQUEST** *(To be completed by the SOM’s Registrar Office)*

Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(MM/DD/YYYY) (MM/DD/YYYY)*

 Attendance  Academic Standing

Director of Academic Assistance Approval *(Dr. Deborah Ingersoll*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Registrar’s Office use only:

 Elective Director Approval  one45

(Dr. Claire Larson)  ConnectCarolina

 Database

**Please submit completed form to the UNC School of Medicine Registrar’s Office by email (**[**SOMelectives@med.unc.edu**](mailto:SOMelectives@med.unc.edu)**) or fax (919-966-9930).**

**SECTION 4: ELECTIVE COURSE DESCRIPTION** *(To be completed by student and faculty preceptor)*

Students must work with their faculty preceptor to establish:

1. Course learning objectives (ie. What is your hypothesis? Describe your methods. How does this apply to the enhancement of clinical practice? etc.)
2. Learning activities
3. How the student will be evaluated (ie. poster presentation, abstract, oral presentation, etc.)