



FOUNDATION PHASE ELECTIVE REQUEST FORM

Student: _____ PID: _____

Expected graduation year: _____ College Advisor: _____

Foundation Phase (choose one):

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.)

Electives completed during Foundation Phase will receive elective credit in Foundation Phase, but these Foundation Phase elective credits cannot be applied toward Individualization Phase elective requirements.

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

Students must work with their faculty preceptor to complete Section IV 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: _____

SECTION II: PERMISSION OF ELECTIVE APPROVAL *(To be completed by preceptor and OIA if required)*

Preceptor responsible for evaluation: _____

Preceptor e-mail: _____ Preceptor Department: _____

Preceptor Signature: _____ Date: _____

College Advisor Signature: _____ Date: _____

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

OGHE Designee Signature: _____ Date: _____

SECTION III: 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: _____

<u>Registrar's Office use only:</u>	
<input type="checkbox"/> Elective Director Approval (Dr. Claire Larson)	<input type="checkbox"/> one45 <input type="checkbox"/> ConnectCarolina <input type="checkbox"/> Database

Please submit completed form to the UNC School of Medicine Registrar's Office by email (SOMregistrar@med.unc.edu) or fax (919-966-9930).

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SECTION IV: 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.)