INDIVIDUALIZATION PHASE
RESEARCH AND ONE-TIME ELECTIVE REQUEST FORM

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

Student: _____ PID: _____ Expected graduation year: _____

Students must work with their faculty preceptor to complete Section 3.

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. Grading scale is H/HP/P/F.

Registration Dates *(dates will appear on student transcript as listed)*: _____ to _____
  (MM/DD/YYYY) *(MM/DD/YYYY)*

Course Credit Hours: _____

Type of elective: ☐ Research ☐ Clinical Elective

SECTION 2: **PERMISSION OF ELECTIVE APPROVAL** *(To be completed by appropriate individuals)*

Preceptor responsible for evaluation: _____

Preceptor e-mail: _____ Preceptor Department: _____

Preceptor Signature: _____ Date: _____

Approval of College Advisor: _____

SECTION 3: **COURSE DESCRIPTION** *(To be completed by student and faculty preceptor)*
Please use the space on Page 2 to complete this section.

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.)
4) List of estimated composition of hours per week, which should be no less than 40 hours per week for a four week 6 credit hour elective (ie. conference, wards, clinic, OR, ED, library, reading, lab, lecture, call, clinical research).

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

Registrar Office use only:
☐ Elective Director Approval ☐ one45
   (Dr. Claire Larson) ☐ ConnectCarolina
   Financial Aid ☐ Database

SECTION 3 continued: **COURSE DESCRIPTION** *(To be completed by student and faculty preceptor)*