

# Upstate Medical University College of Medicine

## Request for approval of a UNIQUE ELECTIVE

**PAPERWORK MUST BE RECEIVED AT LEAST SIX WEEKS PRIOR TO THE START OF THE PROPOSED ELECTIVE. NO RETROACTIVE CREDIT WILL BE GIVEN.**

Date Received in Curriculum Office		Date approved by Dean, Curriculum Office	
Elective approved for _____ credits.			

Student Name and ID	
Campus	
Email	
Phone	
Faculty Sponsor	
Faculty Sponsor e-mail address, phone #	
If not Upstate, institution name and address	
Elective Title	
Elective Department	
Concurrent Elective?	<i>(Please circle one) Yes No</i>
Are you requesting approval that this elective fulfill the requirement for a Basic Science Selective?	<i>(Please circle one) Yes No</i>
Start Date	
End Date	
Credits Requested	

**Please provide the following on 1-2 pages; copies of existing documents are appropriate if available:**

**ELECTIVE DESCRIPTION:**

Learning Objectives: Please list elective objectives/learning outcomes. Relate these objectives to the College of Medicine Graduation Competencies and Educational Program Objectives. The Graduation Competencies can be accessed at the Curriculum Office Website: <http://www.upstate.edu/com/curriculum/objectives.php>.

<b>Course Objective</b>	<b>Institutional Objective</b>	<b>How Assessed</b>
e.g. To obtain an accurate history for a patient	e.g. PC-1	e.g. Observed H&P

**Educational Activities:** How will you spend your time? What will you be doing to achieve the learning objectives? If there are several activities, how will you divide your time?

**Role of Sponsoring Faculty** (continuous formative assessment and feedback): How will you be supervised? How often will you meet with the sponsoring faculty? How will he/she provide feedback and guidance during the course?

**Methods of Summative Assessment** (summative assessment): On what criteria will you be evaluated?

**MSI/MSII** – Graded as **P/F**

**MSIII/MSIV** – Graded as **H/HP/P/F**

Any other comments that might help the Dean review the application?

Please send this form by email attachment to: Susan Anderson, [Anderssu@upstate.edu](mailto:Anderssu@upstate.edu) or bring to room Setnor 4508.

**A completed/signed/approved Elective Add/Drop form must also be submitted with the unique elective form request, otherwise your request will not be reviewed by the Dean.**