

Upstate Medical University College of Medicine

Request for Approval

Unique Elective

PAPERWORK MUST BE RECEIVED AND APPROVED PRIOR TO THE START OF THE PROPOSED ELECTIVE. NO RETROACTIVE CREDIT WILL BE GIVEN.

Date Received in the UME Office _____ Date Approved by the UME Office _____

Student Name and ID	
Campus	
Email	
Phone	
Faculty Sponsor	
Do you have a conflict of interest with this faculty sponsor? (i.e. you are related to them, they have provided health or mental care to you in the past)	<p>(Please select one) Yes No</p> <hr/> <p><i>If yes, please provide an explanation.</i></p>
Faculty Sponsor Email Address	
If not Upstate, Institution Name	
Elective Title	
Elective Department	
Concurrent Elective?	<p>(Please select one) Yes No</p>
Are you requesting approval that this elective fulfill the requirement for a Basic Science Selective?	<p>(Please select one) Yes No</p> <p>Only MSIV can request credit for Basic Science Selectives</p>
Start Date	
End Date	
Credits Requested by Student	
Credits Approved (UME Use Only)	

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 UME Office Website: <https://www.upstate.edu/ume/objectives.php>

Course Objective	Institutional Objective	How Assessed
e.g. To obtain an accurate history for a patient	e.g. PC-1 <i>Choose at least one GC/EPO</i>	e.g. Observed H&P
	PC-1 MK-1 IICS-1 PR-1 LI-1 PH-1 PC-2 MK-2 IICS-2 PR-2 LI-2 PH-2 PC-3 MK-3 IICS-3 PR-3 LI-3 PH-3 PC-4 MK-4 IICS-4 PR-4 PC-5 MK-5	
	PC-1 MK-1 IICS-1 PR-1 LI-1 PH-1 PC-2 MK-2 IICS-2 PR-2 LI-2 PH-2 PC-3 MK-3 IICS-3 PR-3 LI-3 PH-3 PC-4 MK-4 IICS-4 PR-4 PC-5 MK-5	
	PC-1 MK-1 IICS-1 PR-1 LI-1 PH-1 PC-2 MK-2 IICS-2 PR-2 LI-2 PH-2 PC-3 MK-3 IICS-3 PR-3 LI-3 PH-3 PC-4 MK-4 IICS-4 PR-4 PC-5 MK-5	
	PC-1 MK-1 IICS-1 PR-1 LI-1 PH-1 PC-2 MK-2 IICS-2 PR-2 LI-2 PH-2 PC-3 MK-3 IICS-3 PR-3 LI-3 PH-3 PC-4 MK-4 IICS-4 PR-4 PC-5 MK-5	
	PC-1 MK-1 IICS-1 PR-1 LI-1 PH-1 PC-2 MK-2 IICS-2 PR-2 LI-2 PH-2 PC-3 MK-3 IICS-3 PR-3 LI-3 PH-3 PC-4 MK-4 IICS-4 PR-4 PC-5 MK-5	
	PC-1 MK-1 IICS-1 PR-1 LI-1 PH-1 PC-2 MK-2 IICS-2 PR-2 LI-2 PH-2 PC-3 MK-3 IICS-3 PR-3 LI-3 PH-3 PC-4 MK-4 IICS-4 PR-4 PC-5 MK-5	

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 they provide feedback and guidance during the course?

Methods of Assessment (must be filled out by and signed by faculty sponsor):

Please indicate below which grading rubric will be used. Grades must be submitted within 30 days of the end of the elective!

MSI/MSII, graded as:

P/F

MSIII/MSIV, graded as

P/F

H/HP/P/F

On what criteria will you be evaluated and receive a grade, please list below.

-
-
-

Faculty Sponsor Signature _____

Any other comments that might help the UME office review the application?

Please send this form by email attachment to: Susan Anderson, Anderssu@upstate.edu

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.

College of Medicine Elective Add/Drop Form

INSTRUCTIONS: This form may be used for any elective add/drop transactions. **Do not use this for clerkships.** The student and sponsor signatures are always required. Other signatures may be required as specified. The form should be completed at least six weeks prior to the start of the proposed elective period. Any form submitted less than two weeks prior to the start of the period in which the elective begins, will be charged a \$20.00 late fee. No change is considered official until all required written approvals appear on the form and it has been submitted to the Office of the Registrar with any required fees paid.

PART I. STUDENT CAMPUS DESIGNATION: Binghamton Campus Syracuse

NAME: (First, middle, last) _____ CLASS/YEAR: _____

ID: _____ DATE: _____ SIGNATURE: _____

PART II.	COURSE CODE/DESCRIPTION	DATES OR PERIOD	CREDITS	INSTRUCTOR APPROVAL
<input type="checkbox"/> ADD				
<input type="checkbox"/> UPDATE				
<input type="checkbox"/> DROP				

PART III. If the above elective is not so designated in the Course Selection Book, then the following conditions and approvals are required:

For Extramural Electives at LCME accredited schools:

1. Provide the Office of the Registrar an acceptance letter or comparable documentation including: brief description, department name, institution name, mailing address, and phone number.
2. Request liability insurance if required.

For Extramural Electives at sites other than LCME accredited schools, or Unique Intramural Electives:

1. Provide the UME Office with the completed Request for Approval of Unique Electives form.
2. Request liability insurance if required.
3. Approval of Department Chairperson for Syracuse electives or Binghamton Associate Dean for Binghamton electives.
4. Approval by UME office of unique elective.

PART III. Approvals (as required)

Department Chairperson/Binghamton Associate Dean Signature Date

UME Office Approval Date