

Application for Intramural Elective

LOYOLA
UNIVERSITY
CHICAGO

STRITCH SCHOOL OF MEDICINE
Office of Registration and Records - Room 220
2160 S. First Avenue, Maywood, Illinois 60153

Name _____ Class of _____

Email _____ Pager _____ Phone _____

Check all required clerkships that have been or will be completed prior to this elective:

- Family Medicine (6 weeks)
- Medicine (12 weeks)
- Surgery (12 weeks)
- Psychiatry (6 weeks)
- Pediatrics (6 weeks)
- Obstetrics-Gynecology (6 weeks)
- Subinternship ICU (4 weeks)
- Subinternship Wards (4 weeks)
- Neurology (4 weeks)

List all electives that have been or will be completed prior to this elective. Indicate hospital and location of each elective.

Elective	Location	No. of Weeks
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Course Title _____

Course No. _____ (e.g., MED-401) Full-time: ____ Part-time: ____ P/T ONLY: Contact Hrs per Week ____

Period _____ Dates: _____ To: _____ Length of course: _____
Month Day Year Month Day Year Weeks

REPORT TO: Person: _____ Time: _____ Location: _____

Print Name of Course Supervisor:

SUPERVISOR, TITLE

DEPARTMENT, HOSPITAL

Approval: _____
SIGNATURE OF SUPERVISOR/DESIGNEE

DATE

REGULATIONS FOR INTRAMURAL ELECTIVES

A. Registration:

1. Application for Intramural Elective is not valid unless signed by Course Supervisor or his/her Designee.
2. Students should refer to the Timetable for Elective Registration for information on proper registration dates.
3. Electives must be scheduled in at least six weeks in advance of their starting dates.
4. Only electives scheduled with the Office of Registration and Records **prior** to the starting date of the course may earn credit applicable toward degree requirements.

B. Cancellation:

All electives must be cancelled using the Cancellation Form. Electives should be cancelled a minimum of six weeks before the scheduled starting date. Exceptions to this policy will occur only if the student finds a replacement to fill the vacant spot or the elective supervisor specifies a shorter cancellation requirement is acceptable on the signed cancellation form.

STUDENT'S SIGNATURE: _____

DATE: _____

ORR USE ONLY:

Date scheduled: _____