UTMB Office of Clinical Education

Student-Created Elective Description Form

►This form is due 30 days in advance of the 1st day of the Period during which this elective is being requested. ◄

Student: Please complete this form, have it signed by the Course Director (on bottom), and return to:

Office of Clinical Education
301 University Blvd
Galveston, TX 77555-0413

(or e-mail) plhentsc@utmb.edu
(or fax) 409-772-6565
Questions?: Pam Hentschel / 409-772-6905

Student Name:	**Student P Number:**	
Course Director's Name:	**Elective Title:**	**Course Number:** *Will be assigned by Registrar*
Prerequisites (choose one): ▪ Successful completion of Year 2 ▪ Successful completion of Year 3 Additional option may include: ▪ Successful completion of a specific core clerkship (name):		
Course Location & Contact Information (address, phone, email):		**Period Course Offered**: *See academic calendar*

Detailed Description of Course Activities for Elective Course Committee Approval (submission preferred 1 month in advance):

If Required: Hospital or Medical Center contact for individual who processes Affiliation/Program Agreements between UTMB and the facility. Note: Finalization may take from 4 to 6 months if not already in place.

Weekly Schedule:

Day of Week	AM	PM
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

Average number of patients seen per week:

Student Evaluation:
Besides direct observation, another method must be used to evaluate students. Please describe how students will be evaluated in your clinic (e.g. assessment of history & physicals, notes, patient presentation(s), case discussion, etc.)

Course Director Signature: