

4th year Non-VSLO Elective Proposal Form

Instructions:

- Complete this form and save PDF as: **last name, first name - elective specialty block #.pdf** and email along with offer from host institution to : M4coordinator@med.cuny.edu
- If needed, request transcripts online: <https://www.ccnycuny.edu/csom/transcripts>
- Official approval is required prior to accepting any extramural elective offer

Students' name:

Citymail:

Elective Institution:

Location:

Elective title:

Name of supervisor:

Email:

Elective Description/Summary:

Desired elective block

Start Date:

End Date:

Additional comments/special instructions:

Student signature:

Date:

For Office of Student Affairs use ONLY

New affiliation agreement required: yes no

Independent Malpractice Insurance required: yes no

Approved: yes no pending

Elective course number Elective Topic # of credits

Signature

Date:

Associate Dean, Office of Student Affairs, for the Elective Oversight Committee

Comments: