

M-I

SCHOOL OF MEDICINE ELECTIVE COURSE APPLICATION

IF YOU APPLY FOR A COURSE WITH LIMITED ENROLLMENT, LIST AT LEAST TWO OTHER ALTERNATE ELECTIVE COURSE CHOICES.

I HEREBY APPLY FOR ADMISSION TO THE ELECTIVE COURSE(S) LISTED:

STUDENT'S NAME _____

PLEASE PRINT

ELECTIVE PERIOD:

FIRST CHOICE: _____

COURSE NUMBER: _____

Jan. 10, 17, 24, 31;
Feb. 7, & 14, 2012

SECOND CHOICE: _____

COURSE NUMBER: _____

THIRD CHOICE: _____

COURSE NUMBER: _____

INDEPENDENT PROJECT: _____

PRECEPTOR'S NAME: _____

RETURN THIS FORM ON DECEMBER 1, 2011 TO NANCY JACKSON, SANGER HALL,
ROOM #1-002

