

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. 12, 19, 26;  
Feb. 2, 9, & 16, 2010

SECOND CHOICE:

COURSE NUMBER: \_\_\_\_\_

THIRD CHOICE:

COURSE NUMBER: \_\_\_\_\_

INDEPENDENT PROJECT: \_\_\_\_\_  
PRECEPTOR'S NAME: \_\_\_\_\_

RETURN THIS FORM ON DECEMBER 1, 2009 TO NANCY JACKSON, SANGER HALL,  
ROOM #1-002

