

M-II

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: _____

Sept. 29; Oct. 6, 13, 20, 27;
Nov. 3, 2011

SECOND CHOICE: _____
COURSE NUMBER: _____

THIRD CHOICE: _____
COURSE NUMBER: _____

INDEPENDENT PROJECT: _____
PRECEPTOR'S NAME: _____

RETURN THIS FORM ON SEPTEMBER 6, 2011 NANCY JACKSON, SANGER HALL,
ROOM #1-002