# Independent Elective Application Form

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Student ID:</th>
<th>Expected Graduation Year:</th>
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</table>

## Independent Elective Details

<table>
<thead>
<tr>
<th>Title:</th>
<th>Start Date:</th>
<th>End Date:</th>
<th>Total # of Weeks:</th>
</tr>
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<tr>
<th>Institution Name:</th>
<th>Address:</th>
<th>City:</th>
<th>Country:</th>
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<tr>
<th>Sponsor Name:</th>
<th>Sponsor Email:</th>
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**Elective Brief Description:**

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**Elective Objectives & Goals:**

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**Note:** This course **MUST appear in your schedule in QLearn**

(Step 1): Sponsor’s Name: ________________________________

Sponsor’s Signature: ________________________________

Date: ____________________

(Step 2): Assist/Assoc Dean for Clinical Curriculum Signature: ________________________________

Date: ____________________

OR (Step 2): in case the elective is a research elective

Director of Student Research Signature: ________________________________

Date: ____________________

**Guidelines when applying to an independent elective:**

- The independent elective must be at least 2 weeks and no more than 4 weeks long.
- Use one form for each elective to which you are applying.
- Students must get approval to do the elective 2 months before the elective starts.

Please return to:
Office of the Registrar / Student Affairs Tel: 44 928 8514 / Fax: 44 928 5222