

Away Electives At least _____ before the anticipated start date of your elective:
Fill out this form in its entirety attach a _____

STEP 1

OFFICE OF THE REGISTRAR - ELECTIVE REGISTRATION FORM
SIGNATURES & AGREEMENTS

FACULTY AGREEMENT TO ELECTIVE F F

FACULTY: I have accepted this student for an elective under my supervision. I will ensure that the student has a well defined curriculum that supports the goals and objectives defined in the course description. I understand that the student must spend at least 40 hours per week under supervision in order to receive elective credit.

I, _____, Faculty of Baylor College of Medicine, agree that I will submit the student evaluation within 4 weeks of the completion of the elective.

FACULTY NAME _____ FACULTY DEPARTMENT _____ F

BCM EMAIL: _____ PHONE: _____

FACULTY SIGNATURE _____ DATE: _____

STUDENT AGREEMENT F

I will NOT be under the direct supervision of any family members or individuals with whom I have a personal relationship. I will spend at least 40 hours per week on rotation in order to receive the necessary elective credits.

If taking an Away or International Elective, I will be assigned a grade based on what is reported from that institution.

STUDENT SIGNATURE: _____ DATE: _____

OFFICE OF THE REGISTRAR
Received _____ Dept. _____