

Loyola University Chicago Stritch School of Medicine

Office of Registration and Records Room 220, Bldg. 120

2160 South First Avenue, Maywood, IL 60153

Telephone: (708) 216-3222

Fax: (708) 216-8151

APPLICATION FOR EXTRAMURAL ELECTIVE CLERKSHIP

SECTION I: TO BE COMPLETED BY THE STUDENT: *Please print*

Name _____ Email _____

Mailing Address _____
STREET CITY/STATE/ZIP

Phone # _____ Currently enrolled in _____ year of a _____ year program.

Elective clerkship requested: _____
COURSE # TITLE

Inclusive dates of rotation: From _____ To _____ # of weeks _____

Mail application to:

Name: _____

Department/Institution: _____

Institution Address: _____

Phone: _____

Check all required clerkships that have been or will be completed prior to this elective:

- Medicine I (12 wks) Subinternship- ICU (4 wks)
 Surgery (12 wks) Subinternship- Wards (4 wks)
 Family Medicine (6 wks) Neurology (4 wks)
 Psychiatry (6 wks)
 Pediatrics (6 wks)
 Ob/Gyn (6 wks)

List all electives that have been or will be completed prior to this elective. Indicate hospital and location where elective was taken.

Elective	Location	Weeks

SECTION II: LOYOLA-STRITCH APPROVAL

The medical student named above is in good standing at this institution and will pay tuition at Loyola-Stritch during the period indicated. Liability insurance covers the student away from our school. Students are expected to have health insurance coverage and are responsible for purchasing coverage. Approval is given to take this elective for credit. At the conclusion of the elective an evaluation is required.

Assistant Dean _____
Title

Date: _____

Office of Student Affairs, Loyola-Stritch

SECTION III: TO BE COMPLETED BY THE ELECTIVE COORDINATOR OR SUPERVISOR:

The application is is not approved

RETURN COMPLETED REGISTRATION FORM TO THE LOYOLA-STRITCH REGISTRAR

Elective Title: _____

Inclusive Dates of Rotation: _____ to _____ # Wks: _____

Course Supervisor: _____
NAME TITLE

Send grade form to:

NAME DEPARTMENT

ADDRESS CITY, STATE, ZIP CODE

Signature: _____
ELECTIVE COORDINATOR OR SUPERVISOR DATE

An evaluation form will be sent to the elective supervisor at the exact address shown above when the elective begins. Grades are due in the Loyola-Stritch Registrar's Office two weeks after the elective concludes.

SECTION IV: LOYOLA REGISTRAR

Elective added to student schedule: _____