

# SPECIAL ELECTIVE REQUEST FORM

Special Electives are only permitted with the approval of the Assistant Dean of Curriculum. Special Clinical Electives are electives designed by you and a physician with a UCLA faculty appointment. Special electives taken at UCLA, or the affiliated hospitals, will be given UCLA elective credit.

Special electives taken away from the UCLA hospital campuses will count as part of the 12 weeks allowed for AWAY electives. Special clinical electives are 800-level electives and may not count toward the 12 weeks of 300 or 400-level Sub-internships required for graduation. Non-Clinical Special Electives are 100-level electives and will count as part of the 6 weeks allowed for Non-Clinical Coursework. All Special Electives are Pass/Fail Courses.

Please allow approximately 10-14 business days for this application to be processed by the SAO, so please plan accordingly. You will receive an e-mail when this request is approved.

Student Name	Class	Today's Date
Clinical Elective Specialty	Department	Location/Facility
Elective Dates	Hours/Week (Minimum: 40 hours)	Number of Weeks (Minimum: 1 week)

### ELECTIVE DIRECTOR CONTACT INFORMATION

**REQUIRED:** Contact Information of Elective Director (final evaluation will be e-mailed to this address). By signing this form, the Elective Director agrees to oversee the student's work and will complete the evaluation within 4 weeks of conclusion of the elective.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-Mail Address

**Elective Director's Signature:** \_\_\_\_\_

Please note: Students will not receive academic credit for paid, clinical electives.

**DESCRIPTION OF COURSE (Attach additional sheet, if needed):**

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**MAJOR DISEASES OR PROBLEMS**

**TO BE SEEN:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_

**MAJOR EXPECTATIONS OF WHAT WILL BE**

**LEARNED (OBJECTIVES):**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_

Typical Weekly Schedule: You must be very specific when explaining your schedule (i.e. AM: 8:00am – 12:00pm Rounds; PM: 1:00pm – 5:00pm Clinic)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM					
PM					

Elective Type (please mark one):                      Clinical                      Non-Clinical

Please email completed applications to Alia Bakr ([abakr@mednet.ucla.edu](mailto:abakr@mednet.ucla.edu)) or drop it off at the SAO (Geffen Hall, Suite 200). Alia will check the elective director’s faculty appointment and send to the Assistant Dean of Curriculum for approval. **The SAO Hours are: Monday – Friday 8:00AM – 5:00PM**

Final Approval: Assistant Dean of Curriculum:

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**Approval Signature (Required for credit)**