Preclinical Elective Request Form

Student Instructions
If you are interested in participating in an elective in preclinical years 1 and 2, first contact the director/coordinator of the elective you wish to enroll.

Further information on preclinical electives in the College of Medicine and Life Sciences MD Program can be found at:

http://www.utoledo.edu/med/md/curriculum/preclinical/Preclinical_Electives.html

After you have completed all the requirements of the preclinical elective, please complete the below information and submit this form to the director/coordinator. Be sure to include your signature in the appropriate area below.

Requested Preclinical Elective

<table>
<thead>
<tr>
<th>Subject Code</th>
<th>Course Number</th>
<th>Course Title</th>
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<tbody>
<tr>
<td>Example:</td>
<td>SOMN</td>
<td>709 Community Health Issues</td>
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All the requirements have been completed for the above elective, and I am requesting that this preclinical elective be recorded on my academic record.

Student Signature ___________________________ Date: ___________________________

Director/Coordinator Authorization

With your signature below, you are attesting that all the requirements have been met for the above preclinical elective and you are authorizing this student to be registered for the elective. After signing this form, please forward to the HSC Office of the Registrar for processing.

Director/Coordinator Signature ___________________________ Date: ___________________________

Department ___________________________

Please return completed form to the HSC Office of the Registrar
Mail Stop 1041 • FAX: 419.383.4003