

# College of Medicine and Life Sciences MD Program PRECLINICAL ELECTIVE REQUEST FORM



Rev 2013Feb21

**Office of the Registrar**

Health Science Campus  
Mulford Library, Room 114  
Mail Stop 1041  
Toledo, OH 43614  
Phone: 419.383.3600  
Fax: 419.383.4003  
HSCRegistrar@utoledo.edu

Year				Term		

10 = Spring  
30 = Summer  
40 = Fall

Please indicate which year in the program you are enrolled:

- Year 1 Medical Student  
 Year 2 Medical Student

Rocket ID: R \_\_\_\_\_ Phone: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last Name, First MI

Student Email: \_\_\_\_\_@rockets.utoledo.edu

### 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](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

Subject Code	Course Number	Course Title
Example: SOMN	709	Community Health Issues

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