

**University of Maryland School Medicine Office of Student Affairs  
Off Campus Elective Form**

<b>Student's Name:</b>	
<b>Title of Elective</b>	
<b>Elective Supervisor</b>	<b>Phone/Email:</b>
<b>Institution</b>	
<b>Address</b>	
<b>UMSoM Faculty Signature</b>	

**Off Campus (Away) Elective**

1. Please complete this form in its entirety.
  - List the full name and address of the off campus institution.
  - Obtain the signature of a UMSoM 4<sup>th</sup> year education faculty member or department head to officially approve the elective for credit at our school.
  - Please add the away course (all away courses end with 599 – MEDC 599 or PEDI 599 or GSUR 599) using **add/drop form**.
  - Please attach confirmation letter or email from away institution as proof of your acceptance into the elective.
  - Please submit all paperwork **prior to** taking the elective. You may be denied credit for an elective later if the paperwork is not done first.

Any forms received incomplete will not be processed, and you will be notified by email.  
(Revised 5/09)