UNIVERSITY OF NEBRASKA MEDICAL CENTER – COLLEGE OF MEDICINE
APPLICATION FOR OFF-CAMPUS ELECTIVE

Instructions: Use one form for each off-campus elective. Fill out Section I, obtain departmental approval on Section II and return to the Office of Admissions and Student Affairs. This form must be completed before the student leaves campus.

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Student Name: ________________________________________________

SECTION I: DESCRIPTION OF OFF-CAMPUS ELECTIVE (completed by student)

UNMC Rotation #_________ Off-Campus Crse Name________________________
(This should be an Off-Campus #)

Off-Campus Institution _______________________________________________________
City __________________________ State_______________________________
Contact Name________________________ Contact Phone #____________________
Contact Email __________________________ Rotation dates ______________________
☐ These dates do NOT coincide with UNMC rotations

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SECTION II: DEPARTMENTAL APPROVAL (completed by UNMC department)

The student named above has permission to take the off-campus elective described for credit from this department. The off-campus institution will be furnished an evaluation form to be returned to the UNMC department granting approval.

Approved by: ____________________________
(Signature)

Department: _____________________________

Date: _____________________________

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SECTION III: ACADEMIC STANDING (completed by Office of Admissions and Student Affairs)

The student named above is in good academic standing and permission is granted to participate in this elective experience.

Approved by: ____________________________
(Signature) (Program Coordinator, Office of Admissions and Student Affairs)

Date: _____________________________

Copies to: ______ UNMC Sponsoring Department _______ UNMC Student
_______ UNMC Student File