

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.**

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

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: _____

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