

DOMESTIC AWAY ELECTIVE FORM

- Please complete, sign, attach confirmation & return to the SOM Dean's Office -

Student First Name	MI	Last Name	Student ID number (U Number)
Program/Institution Name			
Title/Description of Elective			
Visiting Student Coordinator/Contact Name	Phone Number	Visiting Student Coordinator/Contact Email Address	
Street Address			
City	State	Zip Code	
Departure Date	Date of Return		

Students must participate in electives in the state of Oregon or at an approved academic health center. Student agrees they will participate entirely within the scope of the elective approved.

I, _____, request permission to take the above elective course.

Student Signature: _____ Date: _____

OHSU Approval: _____ Date: _____
(Signature of Department or Dean's Office Official)

(CRN _____)

****Confirmation from the Away Institution and course description must be attached to this form.**