

ELECTIVE COURSE PROTOCOL

Department: _____ Course No: _____

Title: _____

Director: _____ Phone No: _____

Number of Weeks: 2 4 6 8 12 Other: _____

Times Offered*:

Year Round _____ Summer _____ Fall _____ Winter _____
Spring _____ To Be Arranged _____

Number of Students: Maximum _____ Minimum _____

Hospital(s): _____

Or Location (Initial meeting on 1st day of elective): _____

Prerequisites: _____

In House Call: No _____ Yes _____

Offered to Non-OHSU Students: No _____ Yes _____

Elective Type: Clinical _____ Non-Clinical _____

PLEASE ATTACH COURSE DESCRIPTION AND OBJECTIVES

METHOD OF EVALUATION: (e.g. attendance, observation of performance, written examination, oral exam, case management paper, etc...)

Department Approval: _____
(Department Chair or Clerkship Director)

*Supply specific dates for electives if they do not coincide with start of each term. Clinical Clerkships are normally four weeks in length and coincide with OHSU rotation blocks.