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.