



# SPECIAL ELECTIVE REQUEST FORM

(PLEASE COMPLETE AND RETURN TO THE CLERKSHIP COORDINATOR OF THE DEPT YOU ARE REQUESTING A SPECIAL ELECTIVE FOR THEIR APPROVAL\*)

## School of Medicine

### Office of the Dean

Mail code: L102  
3181 S.W. Sam Jackson Park Rd.  
Portland, Oregon 97239-3098  
tel 503 494-8220  
fax 503 494-3400

### Office of Admissions

tel 503 494-2998

### Continuing Medical Education

Mail code: L602  
tel 503 494-8700  
fax 503 494-0392

### Development and Alumni Relations

tel 503 494-0723  
fax 503 418-1025

### Education and Student Affairs

tel 503 494-8228

### Graduate Medical Education

Mail code: L579  
tel 503 494-8652  
fax 503 494-8513

### Graduate Studies

tel 503 494-6222

Name	Yr in School	Today's Date
Title/Description of Special Elective	# of weeks	
Start Date of Elective	End Date of Elective	
Full time/Part time (full time = 40-60 hours per week)		
Name of Attending Overseeing Elective		
Address of Attending if not OHSU or VAMC		

I, \_\_\_\_\_, request permission to take the above Special Elective.

1. Student Signature \_\_\_\_\_

2. Attending Signature \_\_\_\_\_

3. OHSU Dept Approval \_\_\_\_\_

(Please forward to Marcia DeCaro in the Dean's Office for final approval after above signatures have been obtained)

4. OHSU Dean's Office Approval \_\_\_\_\_

\*Please attach an outline of the special elective as designed by student and attending.

(CRN \_\_\_\_\_)