



Medical Student Affairs
John D. Van Nuys Medical Science Bldg- 124
635 Barnhill Drive
Indianapolis, IN 46202-5120

Last name, First, Middle Initial

Date

Special Elective Request Form
(for electives not in the IUSM Elective Catalog)

ADDENDUM – INTERNATIONAL SPECIAL ELECTIVES

In order to insure educational quality and student safety, special electives requested for international study require additional documentation and approvals as noted below. All special elective requests involving international study must be reviewed and approved by the Elective Subcommittee of the Curriculum Council.

To allow for appropriate review, such requests and all required supporting documentation and approvals must be submitted to the Medical Student Affairs office, Medical Science Bldg, Room 118, **no later than 2 months prior to the start of the proposed elective.**

REQUIREMENTS

- The standard Special Elective Request form must be completed, including approvals of the appropriate IUSM department chair, the student’s faculty advisor, and the proposed elective’s director/institution.
- A copy of the student’s passport must be on file with the Medical Student Affairs office.
- The International Travel Verification form
- The following IUPUI Study Abroad office forms must be completed and on file with the Medical Student Affairs office
 1. Student Information Form (including emergency contact information)
 2. Medical History Form
 3. Agreement and Release Form
- Documentation of sufficient and appropriate personal health insurance must be provided to the Medical Student Affairs office.
- The student must attend an orientation session on foreign travel conducted by either IUSM faculty or the IUPUI Study Abroad office.

For special electives at institutions without an affiliation agreement with IUSM, the following forms must also be completed

- Special Elective Non-LCME Course Addendum Form
- Special Elective Non-LCME Course Director Addendum Form.

Final approval of this request will be made by the Dean's Office for Medical Student Affairs and the Elective Subcommittee of the Curriculum Council.

Course Director's Name

93 _____ 990
Course Number Inclusive Dates

Institution/Location

Course Title

APPROVALS

Elective Subcommittee Date

Medical Student Affairs Date