

**Away Elective Application Form
NORTHWESTERN UNIVERSITY
FEINBERG SCHOOL OF MEDICINE**

_____ Request for credit for an away elective. (U.S.)

_____ Request for credit for an away elective. (International – See Check List)

Note: Except under compelling circumstances the required senior subinternship, two-week PMR, four-week ER and four-week ICU clerkships must be completed within the Northwestern system.

_____ Request for credit for an elective at NUF SOM outside of Clerkship Catalog.

_____ Request for non-credit independent study (must be approved by Dean Nuzzarello).

Name: _____ Quarter/Year: _____

Dates START: _____ FINISH: _____ # of Weeks: _____

Institution: _____

Major Preceptor: _____

Address: _____

Department: _____

Title and Description of elective, clerkship, or independent study:

Signature approval of corresponding NUF SOM Clerkship Director is required.

In my estimation the elective sought is worthy of credit towards a Feinberg medical degree.

Signed: _____ Date: _____

This form must be complete with the appropriate information and signatures and returned to the Registrar (303 E. Chicago Avenue, Ward 1-003, Chicago, Illinois 60611) **prior to the beginning of assignment**. It is also necessary to pick up a NUF SOM evaluation form before beginning any extramural electives. A completed evaluation is required for credit.

