**Independent Elective 2016-2017**  
Weill Cornell Medical College

**STEP 1: COMPLETE ALL INFORMATION BELOW**

Student Name: ________________________________________________________________

Class of: ___________________________________________________________________

Descriptive Title of Elective: __________________________________________________________________________

Exact Start/End Dates of Elective ____________________________ No. Weeks: _____________

Sponsor's Name: __________________________________________________________________________

Do you plan on having this fulfill the *Advanced Basic Science Requirement*? ________________
*(If so, please also complete the ABS form)*

Please indicate when you plan to do this in the table below.

<table>
<thead>
<tr>
<th>Module</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
<th>K</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 week blocks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 week blocks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Brief Description:

**STEP 2: OBTAIN YOUR SPONSOR’S SIGNATURE**

In lieu of a live signature below, you may attach a printout of email correspondence with sponsor. **DO NOT FORWARD YOUR EMAIL CORRESPONDANCE OR THIS FORM TO ACADEMIC AFFAIRS.**

(Step 1) Sponsor’s Name: _____________________________________________________________

Sponsor’s Signature: ____________________________ Date: ______________________

(Step 2) Advisor’s Name: ____________________________________________________________

Advisor’s Signature: ____________________________ Date: ______________________

**STEP 3: ADD Course to your schedule.**

Students are responsible for adding ALL elective experiences to their schedule. **STUDENTS WILL NOT RECEIVE CREDIT FOR COURSES THAT DO NOT APPEAR ON THEIR SCHEDULE.** The Office of Student Services must process all applications for away electives **BEFORE** the WCMC student begins the experience. **INDEPENDENT elective code is INDE.8001.**