

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.

Module	A	B	C	D	E	F	G	H	I	J	K	L
Dates	July 5 - July 31	Aug 1 - Aug 28	Aug 29 - Sept 25	Sept 26- Oct 23	Oct 24 - Nov 20	Nov 21 - Dec 18	Jan 3- Jan 29	Jan 30 - Feb 26	Feb 27 - Mar 26	Apr 3 - April 30	May 1 - May 28	May 29 - June 25
4 week blocks												
2 week blocks												

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.**