

PBL ELECTIVE FORM

SECTION I: TO BE COMPLETED BY STUDENT (please print or write legibly)

NAME: _____ Banner ID #: _____

Elective # and Title: _____

MD/UNIT (circle appropriate): 2 3 4 5 6 7

Student's Signature

Date

SECTION II: TO BE COMPLETED BY ADVISOR

I have discussed the above elective choices with my advisee.

Signature of Advisor

Date

SECTION III: TO BE COMPLETED BY DEPARTMENT

Elective # & Title: _____

Location: _____

Name of Supervisor: _____

Approved: _____

Signature of Elective Supervisor or Department Representative

Date: _____

SECTION IV: FOR OFFICE OF STUDENT AFFAIRS USE ONLY

_____ CRN #

_____ Credit Received

_____ Date Registered.
(if applicable)

_____ Date Dropped

This is to confirm that I am dropping this elective _____

Student's Signature & Date

Instructions:

Student:

- 1) Complete **Section I**.
- 2) Meet with your advisor for approval (**Section II**).
- 3) Submit completed form to the Office of Medical Education.