#### COLUMBIA UNIVERSITY IRVING MEDICAL CENTER

VAGELOS COLLEGE OF PHYSICIANS & SURGEONS

# PETITION TO ADD AN ELECTIVE

Name:	Today's Date:
UNI:	Elective Month/Dates:
Elective Code:	Elective Name:
SECTION 1: TYPE OF ELECTIVE	
	o add a: ealth elective (Complete Section 2) nged <b>preceptorship / research</b> (Complete Sections 2 and 3)
	lective in the US, or an elective that requires prior approval, please review the rVoice: <a href="https://psofficeofed.uservoice.com/knowledgebase/topics/105393-electives">https://psofficeofed.uservoice.com/knowledgebase/topics/105393-electives</a> .
SECTION 2: ELEC	CTIVE INFORMATION
School/Site/Clinic:	
Faculty/Supervisor Name:	
Specialty/Dept:	Subspecialty:
SECTION 3: SELF-ARRANGED ELECTIVES	
Precept	corships: Attach a one-page proposal outlining the objectives, learning format,
methods	of feedback, and grading criteria. No end-of-rotation summary is required.
Researc	ch Electives: Attach the Research Elective Form. A two to five page summary
is requi	red at the end of the elective.
Away R	esearch Electives: Attach the Research Elective Form. A two to five page
summa	ry is required at the end of the elective.
SECTION 4: RESEARCH ELECTIVE PROPOSALS ONLY	
I have reviewed the attached research proposal, and approve of the project.	

#### ANIL LALWANI, MD

ASSOCIATE DEAN FOR STUDENT RESEARCH

### VP&S Office Use Only

I have granted this student permission to enroll in this elective.

## Rosa Lee, MD

Senior Associate Dean for Curricular Affairs