*CREIGHTON UNIVERSITY SCHOOL OF MEDICINE*

**Extramural Elective Program Approval Form**

Extramural elective programs during the M4 year may be arranged within the time periods designated and also during any scheduled vacation period. The student will be expected to seek these programs through other LCME-accredited medical schools or ACGME-accredited residency training programs. Each must relate directly to a specific medical school department (or division of a department). If a description of a program is required for approval, it will be the responsibility of the student to submit it. The student should be certain that the course director or supervising physician agrees to evaluate the student’s performance when the rotation is completed and provide that physician with a copy of the evaluation form.

Complete the following information and return this form to the Office of Student Affairs 30 days before the program begins.

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| Student Name: |  |
| Career Mentor: |  |
| Name and address of EXTRAMURAL institution you have been accepted to: |  |
| Phone number of EXTRAMURAL: |  |
| Name of EXTRAMURAL course: |  |
| Medical school department or division: |  |
| Name of course director or supervising physician: |  |
| Date extramural program begins: |  |
| Date extramural program ends: |  |
| Address while away: |  |
| Phone while away: |  |

Approval of Career Mentor (signature required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval of Student Affairs (signature required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*We require an evaluation form from the program when the rotation has been completed. If in Omaha, bring this form to Lora Freberg. If in Phoenix, bring this form to Xavier Torres. At that time, you may pick up an evaluation form to take with you. The form is also posted on BlueLine.*