



College of Medicine

STUDENT ELECTIVE SELECTION FORM
89I Away Electives

Complete this form and return to GH Coordinator, dposkus@arizona.edu.
Form will be sent to Student Records after approval.

STEP # 1: STUDENT INFORMATION

Form with fields: STUDENT NAME, DATE, SID#, LEVEL/YEAR, EMAIL ADDRESS, PHONE

STEP # 2: ELECTIVE DESCRIPTION —ELECTIVE CONTENT (REQUIRED)

Form with fields: DEPARTMENT, ROTATION START, END, # OF WEEKS/# OF UNITS, DESCRIPTION: MED 891C - 1st Year Global Health Course. Includes a paragraph describing the field externship.

STEP # 3: PRECEPTOR/SITE CONTACT INFORMATION —COMPLETE ALL FIELDS

Form with fields: PRECEPTOR NAME, PRECEPTOR PHONE #, PRECEPTOR EMAIL ADDRESS, SITE CONTACT NAME, SITE CONTACT DIRECT PHONE#, SITE EMAIL ADDRESS, PRACTICE SITE LEGAL NAME, PRACTICE SITE ADDRESS, CITY/STATE/ZIP

Signatures

I have confirmed that there is an affiliation agreement in place with this institution.

Student Signature: \_\_\_\_\_

Coordinator Signature: \_\_\_\_\_

Registrar Signature: \_\_\_\_\_