Albert Einstein College of Medicine

Office of the Registrar
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Bronx, NY 10461
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Einstein-MDregistrar@einsteinmed.edu

Special Elective Form (MD)

Final approval of this Special Elective will be granted only when completed forms have been submitted. All electives MUST be four weeks in duration and can be split to fill in dates around external electives. Electives less than four weeks must be approved by the Deans for Students.

Name: _____ Banner ID: _____ Date: _____
Last First

To be completed by student:

Elective Title: _____
(Title must be specific to your project but no longer than 30 spaces. Elective title will be posted on the final transcript)

Starting Date: _____ **Ending Date:** _____

Specify type of elective: □ Clinical □ Research □ ISP □ Reading**
****Reading electives have a maximum of 8 weeks per academic year. Students completing a reading elective must submit a summary of the project related to the topic and must be reviewed by the Faculty Mentor. A final summarization of the project will be uploaded to a designed area on ***Canvas***. **To upload a file, please go to "Assignments" (see left hand options) and go into the called "Reading Electives." To upload the file, click on Submit Assignment.**

Academic Reasoning for Elective
Attach an abstract describing the project you will be working on, how you plan on using your time, proposed timeline and mode of communication with which you will be meeting with your faculty mentor, and learning objectives for this elective.

Personalized academic goals for completing this elective ***(Check all that apply)***:
□ Current likely choice of specialty
□ Consistent with personal career goals
□ Enhance technical and clinical skills in specified area
□ Interested in non-career specific experience
□ Other: _____

By signing this document, I confirm that this Special Elective will be completed in its entirety. I also agree to the above requirements and will submit any final documentation for the reading elective as required.

Student's Signature: _____

To be completed by Einstein Faculty Mentor:

I have agreed to oversee the Special Elective that is described in the attachment. I have accepted this student under my supervision and will ensure that the student has a well-defined curriculum that supports the goals and learning objectives outlined. The student and I have arranged times and modes of communication. I agree to submit the Evaluation of Clinical Performance & Professional Attributes form for the student's work within 4 weeks of completion of the elective experience to the Office of the Registrar.
**Reading electives require a final project that I will review with the student.

Name: _____

Email: _____ Phone Number:_____

Faculty Signature: _____ Date: _____

Office Use Only: Module:_____ SPEL #_____ CRN# _____

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