



UNIVERSITY OF ILLINOIS  
COLLEGE OF MEDICINE AT PEORIA

Office of Academic Affairs  
One Illini Drive  
Box 1649  
Peoria, Illinois 61656-1649

**CONTACT INFORMATION WHILE AWAY:**

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell/Pager/E-mail: \_\_\_\_\_

**STUDENTS PLEASE NOTE:**

This form should be mailed to the sponsoring institution to complete and return **OR** attach a copy of the acceptance letter from the institution. An evaluation form should be taken with you for completion by the preceptor and returned to the Office of Academic Affairs.

I authorize release of my transcript to external educational schools where I am applying for a fourth-year rotation.

\_\_\_\_\_  
signature

**APPROVAL FOR ELECTIVE EXPERIENCE AT AN INSTITUTION OTHER THAN  
THE UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE AT PEORIA**

Name of Medical Student \_\_\_\_\_  
Title of Elective \_\_\_\_\_  
Sponsoring Institution \_\_\_\_\_  
Name of Preceptor \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Inclusive Dates \_\_\_\_\_

Is this to fulfill a required elective? No \_\_\_\_\_ Yes \_\_\_\_\_ (UICOM-P Course # \_\_\_\_\_)

**NOTE: A DESCRIPTION OF THE ELECTIVE IS REQUIRED FOR ROTATION TO BE APPROVED.**

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1. Approval of *sponsoring institution or preceptor* (A **OR B MUST** be completed)

A. Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name (print) \_\_\_\_\_ Title \_\_\_\_\_  
Institution \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Address \_\_\_\_\_

**OR**  
B. Copy of acceptance letter and course description are attached.

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2. Approval of *Department Chair*, UICOM-P (to be signed **ONLY** if a description of the away elective is provided)

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

3. Approval of *Director of Student Health Service*, UICOM-P

The above student has had all immunizations, serum immune titers, or other diagnostic tests which are required by UICOM-P and the external institution offering the clerkship. Students **must** attach current external institution requirements for verification.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

4. Approval of *Associate Dean for Academic Affairs*, UICOM-P

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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Please return completed form to: Sandy McGee, Office of Academic Affairs



Chicago

Peoria  
Phone (309) 671-8409 • Email skm@uic.edu • Fax (309) 680-8605

Rockford

Urbana-Champaign