



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

**STUDENTS PLEASE NOTE:**

1. This form should be emailed to the sponsoring institution to complete Section 1 and return, **OR** you may attach a copy of the acceptance letter from the sponsoring institution in lieu of the sponsor's signature.
2. An evaluation form should be taken with you for completion by the preceptor and returned to the registrar at the Office of Academic Affairs. If a blank evaluation has not been given to you, please request one from the registrar.

**Approval for Elective Experience at an Institution other than UICOM-P**

Student name: \_\_\_\_\_  
Student contact information while away: \_\_\_\_\_  
Title of elective: \_\_\_\_\_  
Sponsoring institution: \_\_\_\_\_  
Name of preceptor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Rotation dates: \_\_\_\_\_  
Is this to fulfill a required elective? Yes \_\_\_\_\_ No \_\_\_\_\_ (UICOMP course #: \_\_\_\_\_)

**Note: A description of the elective is required for the rotation to be approved.**

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

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 1: Approval of sponsoring institution or preceptor (A or B must be completed):**

A. Signature of institution preceptor: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**OR**

B. Attach a copy of acceptance letter (email is acceptable) and course description in lieu of signatures.

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

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

**Section 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 institutional requirements for verification.

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

**Section 4: Approval of Associate Dean for Academic Affairs, UICOM-P (to be obtained by the registrar after all other signatures are obtained)**

Signature: \_\_\_\_\_ Title: *Associate Dean for Academic Affairs* Date: \_\_\_\_\_

