

**UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE AT PEORIA
APPROVAL FOR RESEARCH OR INDIVIDUALIZED ELECTIVE**

Student's Name _____ Class of _____

Sponsoring Department _____ Dates of Elective _____

Title of Elective _____ Course Number _____

A COURSE OUTLINE MUST BE ATTACHED BEFORE OBTAINING APPROVALS.

Approval of Course Director _____

Approval of Department Chairperson _____

Approval of Associate Dean for Academic Affairs _____

*THIS FORM IS TO BE COMPLETED AT LEAST ONE MONTH PRIOR
TO THE START OF THE ELECTIVE.*