



MEDICAL INFORMATICS ELECTIVE FORM

Office of Academic Affairs
One Illini Drive
Peoria, Illinois 61605

RETURN THIS FORM TO:
Tammy L. Livingston, Academic Affairs
University of Illinois College of Medicine at Peoria
tlliving@uic.edu

SECTION I: TO BE COMPLETED BY STUDENT

Year in medical school at the start of this elective: M4 M3 Male Female

Name _____
First Middle Last

Address _____
Street City State Zip

Phone _____ Pager _____ E-mail _____

Are you interested in a residency at UICOM-P: No Yes Specialty _____

Clerkships you will have completed prior to the start of the elective requested:
 Family Medicine Medicine Obstetrics/Gynecology Pediatrics Psychiatry Surgery

Course Number/Title: _____ Dates requested: (rank order)
1. ELEC 156: SURVEY OF MEDICAL INFORMATICS 1. _____ 2. _____ 3. _____

Student's Signature Date

SECTION II: TO BE CERTIFIED/COMPLETED BY OFFICIAL AT STUDENT'S MEDICAL SCHOOL

The medical student named above:
 is is not attending an institution accredited by LCME or AOA, or an international school with an affiliation agreement
 is is not in good standing at this school
 will will not have completed clerkships as indicated above at the start of the requested elective
 will will not pay tuition at this school during the period indicated
 will will not be required to have an evaluation completed at the conclusion of the course; *provide form if required.*
 is is not authorized to take this clerkship/externship

Printed Name / Signature Title

School Phone Fax E-mail

Street City State Zip

SECTION III: TO BE COMPLETED BY UICOMP DEPARTMENT DESIGNEE OF ELECTIVE

The medical student named above is: approved denied for participation in the following elective.

ELEC 156 SURVEY OF MEDICAL INFORMATICS
Course Number Course Title Dates of Rotation

The student will need to contact Emily Johnson (emj11@uic.edu) at least one week prior to the elective.

Signature Date

SECTION IV: TO BE COMPLETED BY UICOMP ASSOCIATE DEAN FOR ACADEMIC AFFAIRS

The medical student named above is: approved denied for participation in the above elective.

Signature Date