



UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE AT PEORIA

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

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

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.

CONTACT INFORMATION WHILE AWAY:
Address: _____
Phone: _____
Cell/Pager/E-mail: _____

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.

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 (can be an email) and course description are attached.

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 _____

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



Chicago

Peoria

Rockford

Urbana-Champaign

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