



Unlisted Elective (UNEL) Form

Do not use this form to request international electives. Students requesting international electives must review the information and procedures at http://casemed.case.edu/student_affairs/international/

Please fill out all sections of this form. Your request cannot be process if incomplete.

STUDENT NAME: _____ **CASE ID (Email):** _____ **CLASS OF:** _____

PROPOSED ELECTIVE TITLE (maximum 30 characters): _____

Does this request meet Acting Internship (AI) guidelines? Yes No

If yes, all requests will be reviewed prior to enrollment. You will be contacted if additional information is required. (Review the Acting Internship guidelines on the School of Medicine Registrar website under the Policies link.)

ROTATION DATES: From _____ to _____

HOST INFORMATION:

Name of Institution: _____

Address: _____

Faculty Sponsor Name / Email (required for CAS): _____ / _____

Student Coordinator Name / Email: _____ / _____

I ACKNOWLEDGE THAT (initial all that apply):

 (initials) *(Required)* I have attached the required supporting documentation to this form, which includes:
1) a full course description of the elective from the host institution, including course objectives, and 2) written confirmation from the course sponsor for the scheduled period.

 (initials) *(Required)* I will complete a minimum of one patient log in CAS at the beginning of the rotation.

 (initials) My confirmed elective is at one of the Cleveland affiliate hospitals and I have informed the appropriate coordinator (listed below) of my rotation dates.

 (initials) My scheduled elective does not follow the 2- and 4-week Academic Calendar, but I will get back on track as soon as possible. (See SOM Registrar's website for calendar and scheduling off-cycle electives.)

Students must contact the site (no less than 3 weeks prior to rotation start) for onboarding information (ID badge, network login, parking, etc.). For Cleveland affiliate hospitals, contact: CCF: Andrea Beyer at electiveprogram@ccf.org
 UH: Gina Wells at regina.wells@uhhospitals.org
 Metro: Kim Hatch at khatch@metrohealth.org

Society Dean Signature **Date**

Student Signature **Date**

SOM Registrar's Office Only:

(Revised 08/05/19)

UNEL Course Code: _____ SIS Class #: _____

Enrollment: _____ (Date/Staff Initials) SARA: _____

File in permanent record.