

COLUMBIA UNIVERSITY IRVING MEDICAL CENTER  
VAGELOS COLLEGE OF PHYSICIANS & SURGEONS

**PETITION TO ADD TWO TWO-WEEK ELECTIVES**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

UNI: \_\_\_\_\_ Elective Month/Dates: \_\_\_\_\_

Elective Code: \_\_\_\_\_ Elective Name \_\_\_\_\_

\*To review the proper procedure, please review the instructions in UserVoice:  
<https://psofficeofed.uservoice.com/knowledgebase/topics/105393-electives>.

**SECTION 1: ELECTIVE INFORMATION**

**Rotation 1:**

Dates: \_\_\_\_\_

Faculty/Supervisor Name: \_\_\_\_\_

Faculty/Supervisor Email: \_\_\_\_\_

Specialty/Dept: \_\_\_\_\_ Subspecialty: \_\_\_\_\_

**Rotation 2:**

Dates: \_\_\_\_\_

Faculty/Supervisor Name: \_\_\_\_\_

Faculty/Supervisor Email: \_\_\_\_\_

Specialty/Dept: \_\_\_\_\_ Subspecialty: \_\_\_\_\_

***P&S Office Use Only***

*I have granted this student permission to enroll in this elective.*

\_\_\_\_\_  
**Lisa A. Mellman, MD**  
Senior Associate Dean for Student Affairs