COLUMBIA UNIVERSITY IRVING MEDICAL CENTER

VAGELOS COLLEGE OF PHYSICIANS & SURGEONS

PETITION TO ADD AN ELECTIVE

Name:	Today's Date:
UNI:	Elective Month/Dates:
Elective Code:_	Elective Name:
SECTION 1: TYPE OF ELECTIVE	
	to add a: Health elective (Complete Section 2) ch elective (Complete Sections 2 and 3)
•	elective in the US, or an elective that requires prior approval, please review the erVoice: https://psofficeofed.uservoice.com/knowledgebase/topics/105393-electives .
SECTION 2: ELECTIVE INFORMATION	
School/Site/Clir	nic:
Faculty/Supervi	isor Name:
Faculty/Supervi	isor Email:
Specialty/Dept:	Subspecialty:
SECTION 3: ELECTIVE TYPE	
Resea	arch Electives: Attach the Research Elective Form. A two to five page summary
is req	uired at the end of the elective.
Away	Research Electives: Attach the Research Elective Form. A two to five page
summ	nary is required at the end of the elective.
SECTION 4: RE	SEARCH ELECTIVE PROPOSALS ONLY
I have reviewed t	he attached research proposal, and approve of the project.
ANIL LALWAN ASSOCIATE DEAN	II, MD FOR STUDENT RESEARCH
VP&S Office I have granted	Use Only d this student permission to enroll in this elective.
Rosa Lee, MI Senior Associ	ate Dean for Curricular Affairs

Phone 212-305-1642 – Email <u>pselectives@columbia.edu</u>