COLUMBIA UNIVERSITY IRVING MEDICAL CENTER
VAGELOS COLLEGE OF PHYSICIANS & SURGEONS

PETITION TO ADD A SELF-ARRANGED PRECEPTORSHIP

Name: _____ **Today's Date:** _____

UNI: _____ **Elective Month/Dates:** _____

Elective Code: _____ **Elective Name:** _____

Please follow the instructions in UserVoice: https://psofficeofed.uservoice.com/knowledgebase/topics/105393

SECTION 1: ELECTIVE INFORMATION

School/Site/Clinic: _____

Faculty/Supervisor Name: _____

Faculty/Supervisor Email: _____

Specialty/Department: _____

Subspecialty: _____

Elective Length: ☐ **4 weeks** ☐ **2 weeks** **Away Preceptorship:** ☐ **Yes**

SECTION 2: SELF-ARRANGED PRECEPTORSHIP PROPOSAL

Attach a one-page proposal outlining the objectives, learning format, methods of feedback, and grading criteria.

SECTION 3: FACULTY PERMISSION

Attach the faculty member's email confirming approval to complete the preceptorship under their supervision.

VP&S Office of Medical Education Use Only
I have granted this student permission to enroll in this elective.

_____
Salila Kurra, MD
Associate Dean for Student Career Development

Revision Date: 10/21/2025