

Faculty of Medicine U of M Students Paper Elective Form

PART A: TO BE COMPLETED BY THE STUDENT (PLEASE PRINT)

This is an application form for a Floating Elective , Dermatology Elective , Research Elective , Family Medicine Elective , Ophthalmology Elective or an External Elective .

Name: _____ Email: _____ Pager: _____

Name of Elective University*: _____

Elective Department: _____

Specialty _____ Site/Location: _____

Date: _____ to _____

***NB:** For student's applying for an elective in a Developing and/or Challenging Health Care Setting please review the section in the electives guide entitled 'Additional Information for Students Planning Out-of-Town Electives'.

Student's Signature _____ Date _____

PART B: DEPARTMENT DELEGATE WITH SIGNING AUTHORITY FOR ELECTIVES

I agree with the stated learning objectives and confirm the elective space for the above named student.

Name _____ Signature _____ Date _____

Department Delegate

OR: Email, Fax and/or Letter of Confirmation Attached.

PART C: UGME ELECTIVES COORDINATOR REVIEW AND APPROVAL

Approved Not Approved Approved- Contingent upon: _____

Electives Coordinator's Signature _____ Date _____

PLEASE RETURN COMPLETED FORM TO:

Electives Program Administrator,
260 – 727 McDermot Avenue
Faculty of Medicine, University of Manitoba
Winnipeg, Manitoba, Canada R3E 3P5
Tel: (204) 789-3820 FAX: (204) 789-3929

Deadline Dates for Return:

Early Elective: June 01 (floating vacation)

New Vacation Date: _____

First Period (October – January): AUG 01

Second Period (February–March): DEC 01