

ELECTIVE REGISTRATION FORM

(This form should be used by **JHU Medical Students only**. Visiting Medical Students should contact vismed@jhmi.edu for an application packet.)

1. NAME: _____ YEAR OF GRADUATION: _____
2. RETROACTIVE CREDIT: No _____ Yes _____
3. ACADEMIC PERIOD: 2009-10 _____ 2010-11 _____ OTHER _____

Quarter	Full	1st Half	2nd Half	1st Third	3rd Third
Summer (circle one)	1st per:		2nd per.		3rd per.

4. Students applying for electives after established deadlines are subject to guidelines for retroactive credit. (see "Elective Policies and Registration Information" for retroactive policy.)
5. Specific dates (if different from JHUSM quarters): _____
6. Vacation: If any portion of a quarter is vacation, indicate dates and list vacation address:
 Dates: From _____ To: _____
 Address: _____

7. Elective Description:

Type of Elective - check one	<input type="checkbox"/> Clinical & Research	<input type="checkbox"/> Subinternship	<input type="checkbox"/> Research	<input type="checkbox"/> Clinical	<input type="checkbox"/> Other
Course Director:					
Department/Division:		<input type="checkbox"/> JHH	<input type="checkbox"/> Bayview	<input type="checkbox"/> Good Sam	<input type="checkbox"/> Other
Clinical Elective/ Title of Research:					
Email address required for generation of evaluation.	(Required for all electives) Course Director Email: _____ @ _____ . _____				
Mailing address of preceptor	Mailing address (for non-JHH electives only) Street 1 _____ Street 2 _____ City, State, Zip _____ Office Phone: _____ Office Fax: _____				

8. Are you receiving a stipend for this elective? Yes ___ No _____ Indicate Source _____
 Amount: \$ _____ (Please see "Elective Policies and Registration Information" for policy on paid electives)

9. REQUIRED SIGNATURES:

 Course Director / Dean of Student Affairs (required for away electives only)
 (List Faculty Evaluator if Other Than Course Director) _____

*I have made no other commitments for the above time period. I am aware of and will honor the elective registration guidelines for dropping courses.

Student's Signature _____ Phone number/Beeper _____
 DISTRIBUTION: IT IS THE STUDENT'S RESPONSIBILITY TO SUBMIT THE ORIGINAL OF THIS FORM TO THE REGISTRAR'S OFFICE AND TO PROVIDE THE PRECEPTOR WITH A COPY.
Please note: The deadline for submitting and/or dropping *most* electives is one month prior to start of the elective. The drop deadline for subinternships is two months prior to start of the elective. See "Elective Policies and Registration Information" for more information.

Office Use Only:
 Course Number: ME: _____ .699 _____
 Date course entered/Access: _____
 Date Occurrence entered/Access: _____
 Date student reg. entered: _____
 Date Proofed: _____

E*Value Entry: _____