



Keck School of Medicine

Student Services

ELECTIVE DOCUMENT REQUEST FORM

STUDENT INFORMATION:

Name: _____ Graduation Year: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Pgr/Cell: _____

Email: _____ Last four numbers of your SS#: _____

ELECTIVE INFORMATION (REQUIRED)

Specialty: _____

Dates (start/end): _____

REQUESTED DOCUMENT(S)

____ EXTRAMURAL DEAN'S LETTER (Letter from Dean)

- Academic standing, HIPAA, OSHA, malpractice/health insurance, (not immunization verification or USMLE)

____ ELECTIVE APPLICATION

- Attach school's application

____ TRANSCRIPT

____ OTHER: _____

SPECIAL INSTRUCTIONS: _____

Normal processing time is 3 – 5 working days.

Please indicate specific deadline if necessary: _____

Continue on back 

OFFICE USE ONLY		
Initials: _____	PgdVM: _____	Date completed/sent: _____

INFORMATION FOR WHOM THE MATERIAL IS INTENDED: (REQUIRED)

Name & Title: _____

Department: _____

Hospital/Institution Name: _____

Bldg., Room & Floor: _____

Address: _____

City, State, ZIP: _____

SEND THE REQUESTED DOCUMENT(S) TO:

___ Fax # _____

___ Student mailing address

___ Address of institution listed above

___ Student will pickup (be sure to include an evaluation form)

PLEASE BE ADVISED...

You must submit the following items to the Student Services office in order to receive curriculum credit:

- Completed petition form no later than 6 wks prior to start (**with signature/email of preceptor & signature of faculty advisor**)
- Student Selective/Elective Critique Form
- Blank Evaluation Form to preceptor
- *International electives*: Proof of SOS insurance and signed waiver form no later than 6 weeks prior to start

All forms are available on MedWeb: <http://medweb.usc.edu> under "Selective Info"

I have reviewed the instructions and understand I will not receive curriculum credit unless all requirements are satisfied.

Student Signature: _____ Date: _____