

**KECK SCHOOL OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA  
YEAR III-IV SELECTIVE/ELECTIVE APPLICATION**

Name \_\_\_\_\_ Year of Graduation \_\_\_\_\_ Date Submitted \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Pager/Cell Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

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Title of clerkship \_\_\_\_\_

Dates of clerkship \_\_\_\_\_ # of weeks \_\_\_\_\_

Clerkship credit (check one) **Selective credit** \_\_\_\_\_ **Elective credit** \_\_\_\_\_

For elective **NOT** in Keck-USC catalogue, provide description of elective including weekly time schedule:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Preceptor \_\_\_\_\_

Medical School Affiliation/Faculty Title \_\_\_\_\_

Hospital/Dept (include address) \_\_\_\_\_  
\_\_\_\_\_

**NOTE: Petitions must be submitted six weeks prior to the beginning of each selective/elective. The signature of the preceptor is required for all selectives. The signature of both the preceptor and Keck faculty adviser is required for all electives. In addition the following documentation is required for electives:**

- 1) Letter/email confirmation from off-campus sponsor
- 2) Course description/weekly schedule

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Signature of Keck faculty adviser

RETURN **COMPLETED** PETITION TO GINA PINEDA (Clerkship Coordinator-Office of Student Affairs),  
KAM 100-B, FAX (323) 442-2663, NO LATER THAN SIX WEEKS PRIOR TO COMMENCEMENT OF  
SELECTIVE/ELECTIVE.