

**STUDENT ELECTIVE SELECTION FORM  
891 Away Electives**

Fill out the form below and return to the Office of Student Records

**STEP # 1: STUDENT INFORMATION**

STUDENT NAME:		
DATE:	SID#:	LEVEL/YEAR:
EMAIL ADDRESS:	PHONE:	

**STEP # 2: ELECTIVE DESCRIPTION —ELECTIVE CONTENT (REQUIRED)**

DEPARTMENT:		
ROTATION START:	END:	# OF WEEKS/# OF UNITS
DESCRIPTION:		
PLEASE INDICATE IF YOU SCHEDULED THIS ELECTIVE THROUGH: VSAS OTHER: _____		

**STEP # 3: PRECEPTOR/SITE CONTACT INFORMATION — COMPLETE ALL FIELDS**

PRECEPTOR NAME:	PRACTICE SITE LEGAL NAME:
PRECEPTOR PHONE #:	
PRECEPTOR EMAIL ADDRESS:	PRACTICE SITE ADDRESS:
SITE CONTACT NAME:	
SITE CONTACT DIRECT PHONE#:	
SITE EMAIL ADDRESS:	CITY/STATE/ZIP:

**Signatures**

*I have confirmed that there is an affiliation agreement in place with this institution.*

Student Signature: \_\_\_\_\_

Registrar Signature: \_\_\_\_\_