

**STUDENT ELECTIVE SELECTION FORM
891 Away Electives**

Fill out the form below and return to the Office of Student Records, Room 2212

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: _____

Coordinator Signature: _____

Registrar Signature: _____