

REGISTRATION FOR CLINICAL ELECTIVE AT ANOTHER SCHOOL OR INSTITUTION

STUDENT INFORMATION			
Name/Surname			
Student Number		Class/ Year	
E-mail		Phone	

DIRECTIONS	
STEP 1	Complete this form after the host school has accepted you for the elective, and attach a detailed elective description and approval notification from the Host Institution. (Make sure they understand that you will need your activities there to be assessed and graded.) Send the completed form to ogrenci.isleri@med.bau.edu.tr at least 4 weeks before the anticipated start date of your elective. Your form will be reviewed by the Committee of National and International Education Exchange Programs and Faculty Committee of the BAU School of Medicine.
STEP 2	Wait for an email confirmation indicating your proposed elective has been approved.
STEP 3	After your elective ends: It is your responsibility to make sure that you are assigned a grade for your elective. Send the Elective Clerkship Program Student Evaluation Form to your Host Institution supervisor for grading. This completed and signed form should be sent to your coordinator. Upon your return, submit the original, signed hard copy assessment form in person.

PLEASE NOTE:

- Check the required credits for the electives
- Remember that electives should be in different specialties

ELECTIVE INFORMATION			
Elective Title/ Department	1. 2. 3. 4.		
Institution	1. 2. 3. 4.	City/Country	1. 2. 3. 4.
Start Date/ End Date	1. 2. 3. 4.	Program Duration (...weeks)	1. 2. 3. 4.
Student Signature			
Date			