Elective Day Request Form

Date of Request _____

Student Name _____

Current Clerkship _____

Elective Day for *(specialty area)* _____

On (date) _____

Campus Dean Signature   Date

This signature provides approval for the student to request approval from the campus clerkship director; it does not denote approval of the request. The campus dean may deny any request that he/she feels may negatively impact the student's learning in the core clerkship.

Campus Clerkship Director Signature   Date

This signature provides approval for the student to request approval from the clerkship preceptor; it does not denote approval of the request. The campus clerkship director may deny any request that he/she feels negatively impacts the student's learning in the core clerkship.

Clerkship Preceptor Signature   Date

This signature provides approval for the student to participate in an elective day opportunity. The clerkship preceptor may deny any request that he/she feels negatively impacts the student's learning in the core clerkship. **The excused absence will not negatively affect the student's clerkship evaluation.**

The clerkship preceptor signature denotes approval however final approval must be obtained from the campus dean.

Specialty Preceptor Signature   Date

Signature provides approval for the above named medical student to work with the specialty preceptor on the specified date(s) and indicates the preceptor will notify the campus dean if the student is not present at that time.

Campus Dean Signature   Date