**New or Revised Phase I** Non-Clinical **ELECTIVE Form**

**Academic Year – 2021-2022**

**CAMPUS: DEPARTMENT:**

**ELECTIVE TITLE: COURSE NUMBER: 9\*\*\***

**DEPT/CAMPUS CONTACT:** **DATE:**

**Department Educational Director:**

**Please Circle One*: A.)*** *NEW Elective*  ***B.)*** *REVISED Elective*

**INSTRUCTIONS:**

When preparing the New or Revised Phase I Elective Form, ensure that

* The elective description is accurate
* The elective description meets UMEC approved formatting (see attached example),
* Faculty appointments are approved and up to date
* If a new clinical location; ensure there is an affiliation agreement in place
	+ If not, Contact Dr. Zelewski
* If this is an elective *revision,* please highlight the changes and send it in the word version to shae.carlson@UND.edu in Education Resources.
* Course must meet at a minimum of 45 hours for 1 credit

***Note:*** *The course number will be assigned by the Office of Record (Student Affairs)* ***AFTER*** *elective approval process is completed (Education Resources will submit this after UMEC approval). Education Resources will email departments and campuses of completed course.*

**FOR EDUCATION RESOURCES USE ONLY-----------------------------------------------------------------------------------------------------**

[ ]  Reviewed by the Elective Review Group Course Credits: \_\_\_\_\_\_\_\_\_

*(Signatures of Department Chair & Campus Dean to be obtained by department after completed review from Elective Review Group)*

**Action recommended:** [ ]  Return to Department for additional edits [ ]  Forward to BSCC/CSCC with recommendation to approve

[ ]  Affiliation Agreement Verified [ ]  Faculty Appointment Verified

[ ]  Submit to BSCC for approval Date(s) reviewed/approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Submit to CSCC for approval Date(s) reviewed/approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Forward to UMEC for approval & chair signature Date(s) reviewed/approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Submit to Senior Associate Dean for Medicine & Research for Signature

[ ]  Submit official signed copy to Student Affairs (SMHS Office of Record) [ ]  Course number received from Student Affairs

[ ]  Notify Home department/campus of new course [ ]  Post on UND SMHS Website [ ]  Input into LEO



**Phase I Non-Clinical Elective Description**

**Campus:** **Department:**

**Elective Title:** **Course Number:** 96\*\*

**Location of Elective:**

**Preceptor(s**): **Course Prerequisites:** None

**Period(s) Offered:** **Curriculum Phase:** 1

**Number of students per period:** **Elective Length in weeks:**

**Estimated # of Hours Required per Week: \_\_\_\_\_\_\_\_\_Hours** (A minimum of 45 hours is required for entire course)

**Will any Face-to-Face/Zoom hours occur on Weekends? Yes\_\_\_\_\_ No\_\_\_\_\_**

**Will any Face-to-Face/Zoom hours occur on after 5pm? Yes\_\_\_\_\_ No\_\_\_\_\_**

**Purpose:**

**Objectives:** Following successful completion of this elective, the student will be able to:

1.

2.

3.

**Instructional Activities:** During this elective, the student will be involved in/experience:

1.

2.

3.

Grading for this elective is Satisfactory/Unsatisfactory.

**Criteria for Grading**: During and following this elective, the preceptor will:

1. Utilize the standardized UNDSMHS phase I elective evaluation form.  *(This needs to be listed on each elective description*.)

2.

**Elective Course: \_\_\_\_\_\_\_\_\_\_\_\_ (Continued from previous page)**

**Signatures: (this page purposely left as its own)**

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Department Chairman Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Campus Dean Date**

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Chair, Undergraduate Medical Education Committee (UMEC)** **Date**

***Asst. Dean for Medical Curriculum***

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Senior Associate Dean for Medicine and Research Date**