

Please return to the Office of Medical Education at Fax
1-631-444-9521 or mail to:
 The Office of Medical Education
 Stony Brook Univ. School of Medicine
 Stony Brook, NY 11794-8432

The Office of Medical Education at Stony Brook Univ. School of Medicine requires that the medical student, in conjunction with the supervising physician at "off campus" elective sites, complete this form. The student must have this form **signed in this order**: by the student's Stony Brook Advisor, Dr. London, Dr. Coulehan or Dr. Harth or Dr. Fisher if fulfilling an MCS, Neurology or Radiology requirement, and finally, the elective site supervisor. The elective will not be added to the student's schedule unless this completed form is submitted with all signatures on it. It is the responsibility of the student to have this form completed and **submitted 30 days prior to the start of the rotation**.

If you need to request that an Affiliate Agreement be sent to your elective site, submit an Affiliate Agreement Request form to Dr. London. Please note that a four-month lead-time is needed. A backup elective at an affiliated site is required if the student is depending on the requested month to count toward the 36 weeks needed for graduation. If the agreement is not in place by 30 days prior to the start date of the elective, the student must cancel or postpone the away elective and take the backup elective instead. Your submission of a request does not guarantee that an agreement will result. Please plan accordingly.

PART I: Elective Description

Student's Name _____

Today's Date _____

Supervisor's (person who will supervise you at the site) Name and Title (Please print):

Official Site Name _____

Official Mailing Address for the Site: _____

Name and Email address of the elective coordinator at the site:

Site Phone Number () _____ Site Fax Number () _____

Title of _____

Elective _____ Department _____

Total hours of supervision per week _____ Number of weeks _____

Elective Period: Start date _____ Finish Date _____

This elective has the following behavioral learning objectives :

A general description of student's responsibilities and duties while at elective site (an official description of the off campus rotation can be attached to the form):

Academic Advisor's Signature (required) _____

Elective Approval Page 3

(This page does not have to be sent to the site but should be given to the OME for filing.)

PART 6: Student signature *requested* but not required:

This form can provide valuable information to other medical students who are looking for information about away electives.

I give permission to put a copy of this form in the electives files for other students to see.

Student signature _____
