

# APPLICATION FOR A NON-UCLA ELECTIVE

Submit this form only if the location you are applying to DOES NOT have their own application which requests the signature from the dean of your home school.

Please allow approximately 10-14 business days for this application to be processed by the SAO, so please plan accordingly. You will receive an e-mail when this request is approved.

_____	_____	_____
Student Name	Class	Date Today
_____	_____	_____
Clinical Elective Specialty	Department	Location/Facility
_____	_____	_____
Elective Dates	Hours/Week (Min: 40 hours)	Number of Weeks (Min.: 3 week)

**ELECTIVE DIRECTOR INFORMATION (required)**

*(Final evaluation will be e-mailed to the address below)*

_____	_____	_____
Name	Telephone Number	E-Mail Address
_____		
Signature		

Please note: Students will not receive academic credit for paid, clinical electives.

**DESCRIPTION OF COURSE (Attach additional sheet, if needed):**

Final Approval: Assistant Dean for Curricular Affairs

_____	DATE _____
<b>Approval Signature (Required for credit)</b>	

Once you have completed all of the above and obtained your elective faculty's signature, please email to Katy Wolf [kwolf@mednet.ucla.edu](mailto:kwolf@mednet.ucla.edu) or drop it off at the SAO (Geffen Hall, Suite 200).

**The SAO Hours are: Monday – Friday 8:00AM – 5:00PM**