

**Wright State University Boonshoft School of Medicine  
Biennium 1 Student Initiated Elective**

**PRECEPTOR FORM**

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Name of Student

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Title of Student Initiated Elective (SIE)

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Dates of SIE

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Preceptor's Name

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Preceptor's Credentials (Medical School attended, Residency Training and/or  
Subspecialty Training and Hospital/Academic Affiliations)

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Preceptor's Mailing Address

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Preceptor's Telephone Number and E-mail Address

I have reviewed the above student initiated elective proposal and I agree to direct and evaluate this student if the WSU BSOM B1 Electives Subcommittee approves the proposal.

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Preceptor Signature

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Date of approval by Preceptor

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**NOTE:** All students are required to have a preceptor before submitting a student initiated elective proposal to the B1 Electives Subcommittee for approval. The Preceptor Form accompanies the Student Initiated Elective Proposal for domestic non-service learning SIEs and any international SIE proposal.

Please submit all SIE paperwork for consideration by the B1 Electives Subcommittee to Student Affairs and Admissions, Boonshoft School of Medicine, Wright State University, 190 White Hall, 3640 Colonel Glenn Highway, Dayton, OH 45435. If you have questions about international SIEs, contact Dr. Katherine Cauley at [katherine.cauley@wright.edu](mailto:katherine.cauley@wright.edu) or (937) 258-5546.