**WSU Boonshoft School of Medicine**

**Office of Student Affairs**

**Extramural Sponsorship**

Instructions:

* To receive credit for an away elective, all parts of this form must be completed and approved in advance.
* Use a separate form for each elective.
* A catalog description (or summary) of the elective must be attached to this form along with written acceptance from the host (away) facility.
* Student Affairs will send approval to you and contact person at host facility along with evaluation form.

**Part I:**

Date \_\_\_\_\_\_\_\_\_\_\_\_ Student's Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Elective Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical \_\_\_\_ Non-Clinical (all virtual = non-clinical) \_\_\_\_

Elective Period (Inclusive dates) \_\_\_\_\_\_\_\_\_\_\_\_\_\_Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If hospital is affiliated with a university, please name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission received from location: Yes \_\_\_\_\_\_ (see Part II) Pending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, email address, and phone number for point of contact at host facility:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part II:**

Insert or attach screenshot of acceptance:

**Part III:**

Insert or attach screenshot of course description:

**You will be required to take the evaluation form to your preceptor. The preceptor must return the evaluation to WSU in order for you to receive credit for your experience.**

*Note: Students wishing to take more than three identical Extramural Electives must have permission from the Student Promotions Committee.*

*Submit completed form to som\_scheduling@wright.edu*