

# M3 Elective Course

The Brody School of Medicine at East Carolina University  
Greenville, North Carolina 27834

The Office of Student Affairs must receive the **completed form with all signatures and approvals 2 months prior to your start date of your schedule M3 Elective.** If this procedure is not followed, the student will receive a failing grade for the elective.

Please **Print/Type** the Following Information

**Student's Name:** \_\_\_\_\_

**Title of Selective:** \_\_\_\_\_

\_\_\_\_\_

**Name of Primary Preceptor:** \_\_\_\_\_

**Address/Location of Selective:** (Name of Location) \_\_\_\_\_

(Street/PO Box) \_\_\_\_\_

(City/State/Zip) \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Duration of Course:** 2 WEEKS      **Dates: From** \_\_\_\_\_ **to** \_\_\_\_\_

**Report To** (address and time to report on day one) \_\_\_\_\_

\_\_\_\_\_

**Overall Course Goal:**

**Educational Objectives: (Min of 3)**

1.

2.

3.

**Reading Course Readings:**

The following materials will be used:

**Describe the course activities:**

- Lectures, clinics, conferences to be attended?
  
- In what location will students be observed on this elective?
  
- How will students receive mid-course, formative feedback of their performance?
  
- Oral presentation, written assignments required?
  
- Research requirement?

**Describe "On Call" requirements, if applicable (including specific duty hours):**

**Describe how student performance will be assessed and how the course grade will be determined:**

**Please provide any other pertinent information below:**

\*\*\*\*\*  
I certify that this course will be directed by the identified Course Director or Preceptor, who is a member of the faculty of the Brody School of Medicine or has otherwise been approved to direct this activity. I also certify that the department will provide the needed resources to conduct this rotation.

Course Director or Site Preceptor: \_\_\_\_\_ Date \_\_\_\_\_

Curriculum Committee Chair: \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Please Return Completed Form To:**

The Brody School of Medicine at East Carolina University, Office of Student Affairs, Brody 2S-20, Greenville, NC 27834, Telephone: (252) 744-2278 Fax: (252) 744-3250