

**STUDENTS CANNOT APPLY FOR ELECTIVE CREDIT FOR WORK
FOR WHICH THEY HAVE BEEN PAID**

Date: _____

**VANDERBILT UNIVERSITY SCHOOL OF MEDICINE
PETITION FOR SPECIAL ELECTIVE CREDIT**

Name's Student

Social Security Number

Student's Current Class Year (example, VMS I or VMS IV)

Dates of Coursework

Away from Vanderbilt Yes _____ or No _____

For Senior Credit (Yes _____ or No _____)

Fulltime or No. of Hours Per Week

One Credit _____ Two Credits _____

Department Granting Course Credit

For Office Use Only
Course#: _____

Your petition should be written in narrative form.

Option 1:

For Clinical Electives this should include: (1) A descriptive title to include clinical specialty and site of experience. (2) A description of the types and extent of the responsibilities you will have (e.g. level of responsibility for patient care type of procedures to be performed presentations to be made conferences to attend). (3) The amount of time each day spent in **clinical** activities.

Option 2:

For Research Electives this should include (1) A brief descriptive title. (2) A statement of the research objectives. (3) An outline of the approach (es) to be taken. (4) A specific statement of the time to be committed to the project. (5) A comment on any prior experience you may have had relevant to this project.

(Use back of form to complete narrative)

Student's Signature: _____

The following information below must be provided before petition is accepted!

Preceptor's Name (Print Legible)

Preceptor's Telephone Number

Email:

Fax #:

Preceptor's Street Address

Preceptor's City, State, Zip Code

Signature of VU Dept. Chairman for 4th Year Credit

or

Signature of Preceptor for 1st & 2nd year credit

Signature of Assistant Dean for Students

If you will be away from Vanderbilt, provide an address and phone number where you can be reached: