



## New Elective Proposal

**Rationale For  
New Elective**

Clinical     Non-Clinical

Any anticipated costs to student:

To be offered starting  
(Date):

**Department(s):**

**Course Title  
and Number:**

Section

**Preceptor(s):**

**Training sites  
(hospitals...etc)**

**Length: Credits:**

**Objectives/Goals:**

**Description of Rotation:**

For  
Inclusion  
in  
UNSOM  
Elective  
Catalog  
upon  
approval

**References (Books/other materials):**

**Evaluation Method:**

**Grades Assigned:**